

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90002 042 ***150.00

DOCUMENT # P06000145847 1. Entity Name GARZON ART WORK DESIGN, INC.			
Principal Place of Business 6702 TOWHE DRIVE SEFFNER, FL 33584		Mailing Address 6702 TOWHE DRIVE SEFFNER, FL 33584	
2. Principal Place of Business - No P.O. Box # 6604 FICKER CT.		3. Mailing Address 6604 FICKER CT.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State SEFFNER FL.		City & State SEFFNER, FL.	
Zip 33584		Zip 33584	
Country HILLBOROUGH		Country HILLBOROUGH	
4. FEI Number 20-5935125		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, JOSE S 6702 TOWHE DRIVE SEFFNER, FL 33584		7. Name and Address of New Registered Agent Name Jose S. RAMOS Street Address (P.O. Box Number is Not Acceptable) 6604 FICKER COURT City SEFFNER FL FL Zip Code 33584	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Jose S. RAMOS DATE 8-20-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARZON, RODRIGO M 6702 TOWHE DRIVE SEFFNER, FL 33584	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARZON, MARIA C 6702 TOWHE DRIVE SEFFNER, FL 33584	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: RODRIGO M. GARZON		Date 8/20/07 Daytime Phone # 813-957-8649	