## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000013145

FILED May 01, 2009 Secretary of State

Entity Name: GARCIA'S PROFESSIONAL PAINTING AND CLEANING SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

203 BEACH DRIVE 1014 AIRPORT ROAD

APT 2 APT 168

DESTIN, FL 32541 US DESTIN, FL 32541 US

Current Mailing Address: New Mailing Address:

203 BEACH DRIVE 1014 AIRPORT ROAD APT 2 APT 168

DESTIN, FL 32541 US DESTIN, FL 32541 US

FEI Number: 26-1918153 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, MAGALY L
203 BEACH DRIVE 1014 AIRPORT ROAD
APT 2 APT 168
DESTIN, FL 32541 US DESTIN, FL 32541 US

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.

SIGNATURE: MAGALY L GARCIA 05/01/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: GARCIA, MAGALY Name: GARCIA, MAGALY L
Address: 203 BEACH DRIVE APT 2 Address: 1014 AIRPORT ROAD, APT 168

City-St-Zip: DESTIN, FL 32541 US City-St-Zip: DESTIN, FL 32541 US

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

Name: GARCIA, LUIS Name: GARCIA, LUIS A

 Address:
 203 BEACH DRIVE, APT 2
 Address:
 1014 AIRPORT ROAD, APT 168

 City-St-Zip:
 DESTIN, FL 32541 US
 City-St-Zip:
 DESTIN, FL 32541 US

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GONZALES, CELSO
 Name:

 Address:
 203 BEACH DRIVE, APT 2
 Address:

 City-St-Zip:
 DESTIN, FL 32541 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGALY L GARCIA RA 05/01/2009