


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000076589  
1. Entity Name  
GARCIA APTS., INC.



Principal Place of Business: 2150 NW 9TH ST  
MIAMI, FL 33125

Mailing Address: 2150 NW 9TH ST  
MIAMI, FL 33125

**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0444467 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GARCIA, JORGE M  
2150 NW 9TH ST  
MIAMI, FL 33125

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IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, MARILOLI 2150 NW 9TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, MARIA D 2150 NW 9TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, MARLEN 2150 NW 9TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, JORGE M. J 2150 NW 9TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, CARLOS E. 2150 NW 9TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITTON, JEANNETTE L. 2150 NW 9TH ST. MIAMI, FL 33125

UN0000305056  
04/14/05-80068-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Maria M. Garcia Date: 4/105 Daytime Phone #: (305) 642-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #