2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000042701

1. Entity Name

RAFÁEL GARCIA, JR., C.P.A., P.A.,



FILED Feb 20, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

100 S ASHLEY DR SUITE 1650 TAMPA. FL 33602 100 S ASHLEY DR SUITE 1650 TAMPA, FL 33602



No Chg-P CR2E034 (11/05) 01042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3253773 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE GARCIA, RAFAEL JR 100 S ASHLEY DR **SUITE 1650** IN THIS SPACE TAMPA, FL 33602 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000833347 NAME GARCIA, RAFAEL JR STREET ADDRESS 100 S ASHLEY DR **TAMPA, FL 33602** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

21303

Daytime Phone #