2008 FOR PROFIT CORPORATION

Feb 14, 2008 08:00 Al **ANNUAL REPORT Secretary of State** DOCUMENT # P95000005485 FRANCISCO GARCIA AND ASSOCIATES, INC. Principal Place of Business Mailing Address 2470 SW 24 STREET 2470 SW 24 STREET MIAMI, FL 33145 MIAMI, FL 33145 CR2E034 (11/05) No Chg-P 02112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0552956 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, FRANCISCO J DO NOT WRITE 2470 S.W. 24TH STREET MIAMI, FL 33145 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) Sinnature, typed or printed name of registered about and title if applicable 1000000827646 02/21/08-80099-003 150.00 9. Electron Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GARCIA, FRANCISCO J NAME STREET ADDRESS 2470 SW 24 STREET CITY-ST-ZIP MIAMI, FL 33145 TITLE GARCIA, MARIA E NAME STREET ADDRESS 2470 SW 24 STREET MIAMI, FL 33145 CITY ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 exceeds 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Flwc/sco SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED