

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000024243

1. Entity Name
ANASTASIA M. GARCIA, P.A.



**FILED
Feb 05, 2007 8:00 am
Secretary of State**

02-05-2007 90078 045 ***150.00

4000000



01172007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0568880	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, ANASTASIA
2100 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES, FL 33134

Name

ANASTASIA M. GARCIA
770 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES, FL 33134

Str

FL Zip Code

City

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

(Signature) Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME GARCIA, ANASTASIA M
STREET ADDRESS 2100 PONCE DE LEON BLVD 600
CITY-ST-ZIP MIAMI, FL 33134

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ANASTASIA M. GARCIA
770 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES, FL 33134

Addition

TITLE S
NAME GARCIA, LUIS M
STREET ADDRESS 2100 PONCE DE LEON BLVD 600
CITY-ST-ZIP MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Garcia, Luis M
770 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES, FL 33134

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07

Date

305-461-5885

Daytime Phone #