## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIMMATORE AND TYPED OR PRINTED NAME OF

SIGNATURE:

## FILED Feb 06, 2008 08:00 AM Secretary of State

AITIOAL ILLI OILI				Secretary of State	
DOCUI 1. Entity Name GARRIOS		68			·
Principal Place	e of Business	Mailing Address			
1500 NW 12 AVE 3700 SW 104 AVE					
MIAMI, FL 33136 MIAMI, FL 33165					
					D 1818   BURN 8810 4810 8810 8814 8814 88140 8
DO NOT WRITE IN THIS SPACE				01292008 4. FEI Numb 65-059	
	6. Name and Address of Current Re	gistered Agent			ļ
EISINGER, ALEXIS 3700 SW 104 AVE MIAMI, FL 33165			DO NOT WRITE 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  SIGNATURE  A/01/08					
Signature apped or printed name of registered agent applicable. (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOWISI FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.			ncing \$5.	.00 May Be led to Fees	U00000817968 02/15/08-80024-010 158.75
10. OFFICERS AND DIRECTORS					
TITLE	P				1
NAME	EISINGER, ALEXIS				
STREET ADDRESS CITY-ST-ZIP	3700 SW 104 AVE MIAMI, FL 33165				1
	S ·	<del></del>	-		
TITLE NAME	SANTANA, ORLAIDA				
STREET ADDRESS	10740 S.W. 129 COURT	_			
CITY+ST-ZIP	MIAMI, FL				
TITLE					
NAME					
STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP		·	_		
TITLE				IN '	THIS SPACE
NAME STREET ADDRESS					
CITY-ST-ZIP					•
TITLE			1		
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CITY-ST-ZIP					`***· 
TITLE					}
NAME OTOTET + DODGES					}
STREET ADDRESS CITY-ST-ZIP					j
1	partify that the information available with the	a filing does not qualify for the ave	amptions costsises	l in Chapter 11	9. Florida Statutes   further continuthat the information
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 trastee 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.					