

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060353

FILED
Mar 30, 2009
Secretary of State

Entity Name: HECTOR GARCIA INVESTIGATIONS, INC.

Current Principal Place of Business:

6915 RED ROAD, SUITE 218
CORAL GABLES, FL 33143

New Principal Place of Business:

6915 RED ROAD, SUITE 214
CORAL GABLES, FL 33143

Current Mailing Address:

POST OFFICE BOX 832771
MIAMI, FL 33283

New Mailing Address:

FEI Number: 65-0600036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, HECTOR R.
20363 NW 47TH AVE
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GARCIA, HECTOR E
Address: 6915 RED ROAD, SUITE 218
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GARCIA, HECTOR E
Address: 6915 RED ROAD, SUITE 214
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR E. GARCIA

PSTD

03/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date