

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000070455

1. Entity Name
GARCIA CAFE CORPORATION



FILED
Jul 08, 2004 08:00 AM
Secretary of State

Principal Place of Business
1821 EAST 4TH AVENUE
HIALEAH, FL 33010

Mailing Address
1821 EAST 4TH AVENUE
HIALEAH, FL 33010



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0608543

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARCIA, JOSE A
2131 NW 27TH ST.
MIAMI, FL 33142

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000164685
07/08/04-80019-003 558.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, JOSE A 2131 NW 27TH ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, PEDRO R 1301 SW 67TH AVE. #9 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-04 (305) 888-51
Date Daytime Phone #