

06-20-2005 90004 007 ***155.00
P95000072763

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000072763

1. Entity Name
GARSON INTERNATIONAL, INC.



FILED
05 JUN 28 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10000 SW 30TH STREET
MIAMI, FL 33165

Mailing Address
10000 SW 30TH STREET
MIAMI, FL 33165



2. Principal Place of Business

One Grove Isle Dr

3. Mailing Address

One Grove Isle Dr

Suite, Apt. #, etc.

Apt 204

Suite, Apt. #, etc.

Apt 204

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

06082005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0625639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, ROSA M
9330 NW 110 AVE
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PS | <input type="checkbox"/> Delete |
| NAME | DIAZ, REMEDIOS | |
| STREET ADDRESS | 10000 SOUTH WEST 30TH STREET | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DIAZ, ROSA | |
| STREET ADDRESS | 9330 NW 110 AVE | |
| CITY-ST-ZIP | MIAMI, FL 33178 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | PS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Diaz, Remedios | |
| STREET ADDRESS | One Grove Isle Dr, #204 | |
| CITY-ST-ZIP | Coconut Grove, FL 33133 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

Date

Daytime Phone

8/8/05

8305 9/30620