

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

05-05-2004 90212 015 ***150.00

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1. Entity Name

GARNIK ENTERPRISES, INC.



Principal Place of Business

7360 SW 45TH ST.
MIAMI FL 33455
US

Mailing Address

7360 S.W. 45TH ST
MIAMI FL 33155
US

66426456



MOORE CR2E034 (11/03)

2. Principal Place of Business

7320 SW.45th ST

3. Mailing Address

7320 SW. 45th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

US

Zip

33155

Country

US

4. FEI Number

65-0633950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, RODOLFO L
7845 N.W. 57TH STREET, SUITE A
MIAMI FL 33166

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
D
NICK, LEON
7845 N.W. 57TH STREET, SUITE A
MIAMI FL 33166

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
D
GARCIA, RODOLFO L
7845 N.W. 57TH STREET, SUITE A
MIAMI FL 33166

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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 #

62-04 (305) 261-9110