

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90050 022 ***150.00

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1. Entity Name

GARNIK ENTERPRISES, INC.



Principal Place of Business

7320 SW 45TH ST.
MIAMI FL 33455
US

Mailing Address

7320 SW 45TH ST.
MIAMI FL 33455
US

50016579



1st MOORE

CR2E034 (10/04)

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

4. FEI Number

65-0633950

Applied For

Not Applicable

Zip
3155

Country
DADE

Zip
33155

Country
DADE

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

NICK LEON

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

7320 SW. 45th ST

City

MIAMI

FL

Zip Code
33155

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

2-10-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D ☐ Change ☐ Addition
NAME NICK LEON
STREET ADDRESS 7320 SW. 45th ST
CITY-ST-ZIP MIAMI, FL 33155

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

TITLE D ☒ Change ☐ Addition
NAME NICK MARIA L
STREET ADDRESS 7320 SW. 45th ST
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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 #

Leon

2-10-06

305-261-9110