

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90022 031 ***150.00

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1. Entity Name

GARNIK ENTERPRISES, INC.



Principal Place of Business

7320 SW 45TH ST
MIAMI FL 33155
US

Mailing Address

7320 SW 45TH ST
MIAMI FL 33155
US



2. Principal Place of Business - No P.O. Box #
7320 SW 45TH STREET

Suite, Apt. #, etc.

3. Mailing Address
7320 SW 45TH STREET

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number 65-0633950

Applied For
Not Applicable

Zip
33155

Country
DADE

Zip
33155

Country
DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICK, LEON
7320 SW 45TH ST
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name
LEON NICK

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

7320 SW 45TH STREET

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 D ☐ Delete
NAME NICK, LEON
STREET ADDRESS 7320 SW 45TH ST
CITY-ST-ZIP MIAMI FL 33155

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

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

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

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 119, 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 #

02/13/07

(305) 261-9110