

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000073733

1. Entity Name  
GARO APPARELS, INC.



Principal Place of Business  
10735 SOUTHWEST 145 AVENUE  
MIAMI, FL 33186

Mailing Address  
10735 SOUTHWEST 145 AVENUE  
MIAMI, FL 33186

FILED  
05 JUN -3 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0694089

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**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 \$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 PD  
NAME TOPALIAN, GARABET  
STREET ADDRESS 10735 SOUTHWEST 145 AVENUE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE VD  
NAME RIVAS, OMAIRA J  
STREET ADDRESS 10735 SOUTHWEST 145 AVENUE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE STD  
NAME MARTINEZ, LUIS A  
STREET ADDRESS 10735 SOUTHWEST 145 AVENUE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100055972721  
06/09/05--01038--006 \*\*158.75

**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

05/31/2005

Date

305-283-4815

Daytime Phone #