

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047098

Entity Name: GARLIDO INC.

FILED
Feb 10, 2006
Secretary of State

Current Principal Place of Business:

5123 MARTHA ANN DR
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5123 MARTHA ANN DR
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3456383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULIDO, SILVIA M
5123 MARTHA ANN DR
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PULIDO, SILVIA M
Address: 5123 MARTHA ANN DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: PULIDO, AMANDA
Address: 5123 MARTHA ANN DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: PULIDO, JUAN
Address: 5123 MARTHA ANN DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: PULIDO, MARIO
Address: 5123 MARTHA ANN DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: PULIDO, RENE
Address: 5123 MARTHA ANN DR
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA M PULIDO

D

02/10/2006

Electronic Signature of Signing Officer or Director

_____ Date