

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P97000051654**

1. Entity Name  
**GARAN ENTERPRISES, INC.**



**FILED**  
**06 MAY 11 PM 2:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**1866 N.W. 20TH STREET**  
**MIAMI, FL 33142**

Mailing Address  
**5725 SAN VICENTE ST**  
**CORAL GABLES, FL 33146**



2. Principal Place of Business  
**11500 QUAIL ROOST DR**

3. Mailing Address  
**11500 QUAIL ROOST DR.**

04262006 Chg-P CR2E034 (11/05)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33157**

Country  
**U.S.**

Zip  
**33157**

Country  
**U.S.**

4. FEI Number  
**65-0761707**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENITEZ, ORLANDO**  
**5725 SAN VICENTE**  
**MIAMI, FL 33146**

7. Name and Address of New Registered Agent

Name  
**11500 QUAIL ROOST DR.**

Street Address (P.O. Box)  
**MIAMI FL 33157**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT BENITEZ, ORLANDO 5725 SAN VICENTE STREET MIAMI, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENITEZ SR, ORLANDO 16284 SW 43 TR MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>805/17</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11500 QUAIL ROOST DR.</b> <b>MIAMI FL 331</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200075547592</b> <b>05/31/06--01010--017 **350.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Orlando Benitez** **4/28/06** **(305) 264 2428**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #