


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90028 037 ***150.00

DOCUMENT # P98000021581 1. Entity Name GARCIA AUTO TRANSPORT, CORPORATION	
---	---

Principal Place of Business 6810 SW 13TH STREET MIAMI, FL 33144	Mailing Address 6810 SW 13TH STREET MIAMI, FL 33144
---	---

DO NOT WRITE IN THIS SPACE

40120400



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0817004	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**GARCIA, SANTIAGO
6810 SW 13TH STREET
MIAMI, FL 33144**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE PD	GARCIA, SANTIAGO
NAME	
STREET ADDRESS 6810 SW 13TH STREET	
CITY - ST - ZIP MIAMI, FL 33144	
TITLE VD	GARCIA, MARGIE
NAME	
STREET ADDRESS 6810 SW 13TH STREET	
CITY - ST - ZIP MIAMI, FL 33144	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 *Santiago Garcia (PD)* 01-30-07 305-219-2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone