2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 22, 2006 08:00 A DOCUMENT # P98000029555 **Secretary of State** 1. Entity Name JOSÉPH GARCIA, P.A. Principal Place of Business Mailing Address PO BOX 1102 101 E KENNEDY BLVD TAMPA, FL 33601-1102 STE 2700 TAMPA, FL 33602 CR2E034 (11/05) 03202006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3505405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, JOSEPH DO NOT WRITE 101 E KENNEDY BLVD STE 2700 IN THIS SPACE TAMPA, FL 33602 . 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 tide if applicable (NOTE. Registered Agent signature required when reinstating) DATE 1/00000476986 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/06/06-80033-011 150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GARCIA, JOSEPH NAME STREET ADDRESS 101 E KENNEDY BLVD, STE 2560 CITY-ST-ZIP TAMPA, FL 33602 IIILE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. I hereby certify that the information-supplied with this filling 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 cath, 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 attactment with an appears, with all other like empowered.

SIGNATURE:

MLE

NAME STREET ADDRESS City-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C3TY - \$1 - 71P

ED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-222-8500 Daytime Phone #

IN THIS SPACE