2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P98000059061 1. Entity Name 04-26-2004 90512 004 ***150.00 GARMIZO'S, INC. Principal Place of Business Mailing Address 10796 GRIFFIN RD P.O. BOX 2274 HALLANDALE FL 33008 FORT LAUDERDALE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State 4. FEI Number City & State 65-0847342 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUPPERT, JOSEPH H CPA Street Address (P.O. Box Number is Not Acceptable) 17611 S.W. 48TH ST SOUTHWEST RANCHES FL 33331 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS\\$150.00) 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE D Delete TITLE GARMIZO, JAIME NAME NAME STREET ADDRESS 20210 N.E. 23 CT STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME GARMIZO, MANUEL NAME 3339 MCKINLEY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Change Addition TITLE ☐ Delete GARMIZO, SOFIA NAME STREET ADDRESS STREET ADDRESS 3339 MCKINLEY ST CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Delete TITLE ☐ Change Addition GARMIZO, JANETTE NAME STREET ADDRESS 20210 N.E. 23 CT STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 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 the information in the receiver of the corporation or the receiver or trustee empowered.

CER OR DIRECTOR

SIGNATURE:

FILED