
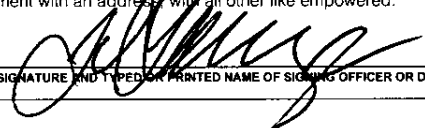


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90259 045 ***150.00

DOCUMENT # P98000059061			
1. Entity Name GARMIZO'S, INC.			
Principal Place of Business 10796 GRIFFIN RD FORT LAUDERDALE, FL 33328		Mailing Address P.O. BOX 2274 HALLANDALE, FL 33008	
2. Principal Place of Business		3. Mailing Address <i>10796 Griffin Road</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>FT. LAUDERDALE, FL</i>	
Zip	Country	Zip	Country
<i>33328</i>	<i>USA</i>	<i>33328</i>	<i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUPPERT, JOSEPH H CPA 17611 S.W. 48TH ST SOUTHWEST RANCHES, FL 33331		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		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.			
SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARMIZO, JAIME	NAME	
STREET ADDRESS	20210 N.E. 23 CT	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARMIZO, MANUEL	NAME	
STREET ADDRESS	3339 MCKINLEY ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARMIZO, SOFIA	NAME	
STREET ADDRESS	3339 MCKINLEY ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARMIZO, JANETTE	NAME	
STREET ADDRESS	20210 N.E. 23 CT	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: <i>1-10-06</i> Daytime Phone #: <i>954 680 7720</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



01102006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0847342** Applied For ☐ Not Applicable ☐

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