2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
01-22-2007 90076 031 ***150.00

DOCUMENT # P98000059061

1. Entity Name
GARMIZO'S, INC.

Principal Place of Business	Mailing Address
10796 GRIFFIN RD ~~FORT LAUDERDALE~~, FL 33328 DAVIE	~~P.O. BOX 2274~~ ~~HALLANDALE, FL 33008~~ 10796 GRIFFIN ROAD DAVIE, FL 33328

01092007 No Chg-P CR2E034 (11/05)

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

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

6. Name and Address of Current Registered Agent

HUPPERT, JOSEPH H CPA
17611 S.W. 48TH ST
SOUTHWEST RANCHES, FL 33331

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: _____ Jaime Garmizo 1/5/07
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARMIZO, JAIME
STREET ADDRESS	20210 N.E. 23 CT
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	D
NAME	GARMIZO, MANUEL
STREET ADDRESS	3339 MCKINLEY ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	GARMIZO, SOFIA
STREET ADDRESS	3339 MCKINLEY ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	GARMIZO, JANETTE
STREET ADDRESS	20210 N.E. 23 CT
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
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.

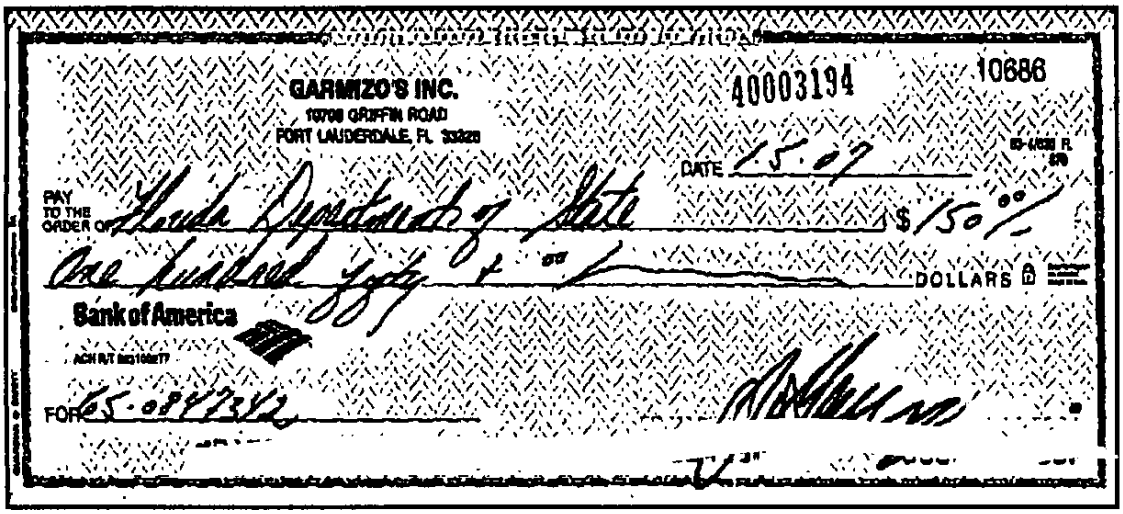
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

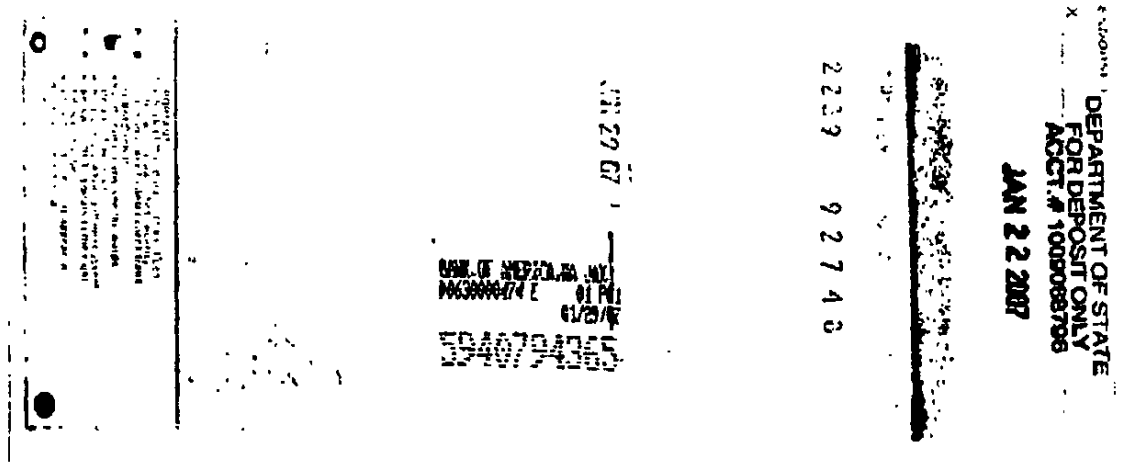
Bank of America ATTACHMENT #660076291 #P9800005901 Online Banking

Check Image – Front and Back

Posting Date: 01/29/2007 **Check #:** 10686 **Amount:** $150.00

Reference: 85940794365 **Account:** DDA-0453 **Nickname:** PRIMARY





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