

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-15-2005 90094 045 \*\*\*150.00  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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|   |   |         |  |   |  |
|---|---|---------|--|---|--|
| <b>DOCUMENT # P98000091986</b>  |   |         |  |   |  |
| <b>1. Entity Name</b><br>BRETT GARCIA, INC.   |   |         |  |   |  |
| <b>Principal Place of Business</b><br>2720 NE 8TH AVENUE<br>SUITE 4<br>WILTON MANORS, FL 33334 US   |   |         | <b>Mailing Address</b><br>4619 POINCIANA STREET<br>SUITE 3<br>LAUDERDALE BY THE SEA, FL 33908 US                       |   |  |
| <b>2. Principal Place of Business</b>   |   |         | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt. #, etc.   |   |         | Suite, Apt. #, etc.  |   |  |
| City & State  |   |         | City & State   |   |  |
| Zip   |   | Country |  | Zip   |  |
| Country   |   | Country |  | 05202005 Chg-P CR2E034 (10/03)  |  |
| <b>4. FEI Number</b><br>65-0875901  |   |         |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b>   |   |         |  | <input type="checkbox"/> \$8.75 Additional Fee Required                         |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |         |  |   |  |
| SANTORELLI, ROBERT<br>2541 PRAGON BLVD #112<br>SUNRISE, FL 33322  |   |         |  |   |  |
| <b>7. Name and Address of New Registered Agent</b>  |   |         |  |   |  |
| Name <u>BRETT GARCIA</u>  |   |         |  |   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>4619 POINCIANA ST - Ste 43</u>   |   |         |  |   |  |
| City <u>FT LAUDERDALE</u> FL Zip Code <u>33308</u>  |   |         |  |   |  |
| 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 <u>[Signature]</u> DATE <u>6-1-05</u>   |   |         |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |   |         |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 7, 2005</b>   |   |         | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D GARCIA, BRETT <input type="checkbox"/> Delete                   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | 4619 POINCIANA STREET STE 3<br>FORT LAUDERDALE, FL 33308          |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                   |         |  |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |  |   |  |
| 12. I hereby 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 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: <u>[Signature]</u> DATE <u>6-1-05</u>  |   |         |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |         |  |   |  |