


**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P99000059710</b>		
1. Entity Name <b>GARVEL, INC.</b>		
Principal Place of Business <b>2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134</b>		Mailing Address <b>2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
04052005    No Chg-P    CR2E034 (10/03)		
4. FEI Number <b>65-0932447</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>ARAZOZA COMAS DETORRES &amp; FERNANDEZFRAGA PA 2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
8. The above named entry 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GARCIA-VELEZ, CARLOS 2100 SALZEDO ST-S 300 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LA BARRERA, MARIA D 2100 SELZEDO ST.-S 300 CORAL GABLES, FL 33134	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		