


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 AUG 11 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <i>P 99000075918</i>	
1. Entity Name <i>Orestes R. Garcia, P.A.</i>	

DO NOT WRITE IN THIS SPACE

500022480165
08/21/03--01042--030 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>8900 SW 117 Avenue</i>		3. Mailing Address <i>8900 SW 117 Avenue</i>	
Suite, Apt. #, etc. <i>C-205A</i>		Suite, Apt. #, etc. <i>C-205A</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33186</i>	Country <i>USA</i>	Zip <i>33186</i>	Country <i>USA</i>

4. FEI Number <i>65-0944151</i>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Orestes R. Garcia</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>8900 SW 117 Avenue</i>	
<i>C-205A</i>	
City <i>Miami</i>	FL Zip Code <i>33186</i>

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.

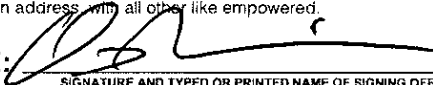
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PSTD Orestes R. Garcia 8900 SW 117 Avenue, C205A Miami, FL 33186</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 on an attachment with an address with all other like empowered.

SIGNATURE:  (305) 595-9759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

7/8/11

ORESTES R. GARCIA, P.A.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


ORESTES R. GARCIA
PRESIDENT