

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90093 039 \*\*\*150.00

**DOCUMENT # P99000105168**

1. Entity Name  
**THE GARPO GROUP, INC.**



Principal Place of Business

**147 ALHAMBRA CIRCLE  
218  
CORAL GABLES, FL 33134**

Mailing Address

**1825 PONCE DE LEON BLVD  
442  
CORAL GABLES, FL 33134**

**54060312**



2. Principal Place of Business  
**147 ALHAMBRA CIRCLE**

3. Mailing Address

Suite, Apt. #, etc.  
**120**

Suite, Apt. #, etc.

07062004

Chg-P

CR2E034 (10/03)

City & State  
**CORAL GABLES, FL**

City & State

4. FEI Number

**65-0964898**

Applied For

Not Applicable

Zip  
**33134**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, MAYDA B  
147 ALHAMBRA CIRCLE  
#218  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **JOSE M. PENA**

Street Address (P.O. Box Number is Not Acceptable)  
**147 ALHAMBRA CIRCLE**

**STE 120**

City **CORAL GABLES**

**FL**

Zip Code **33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**07/01/04**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **GARCIA MONCADA, LUIS**  
STREET ADDRESS **147 ALHAMBRA CIRCLE #218**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete  
NAME **GARCIA, MAYDA B**  
STREET ADDRESS **147 ALHAMBRA CIRCLE #218**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete  
NAME **PENA, JOSE**  
STREET ADDRESS **147 ALHAMBRA CIRCLE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JOSE M. PENA**  
STREET ADDRESS **147 ALHAMBRA CIRCLE #120**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **PEDRO R. RIVERO**  
STREET ADDRESS **147 ALHAMBRA CIRCLE #120**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JOSE R. PENA**  
STREET ADDRESS **147 ALHAMBRA CIR #120**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/1/04 305 441-0005**