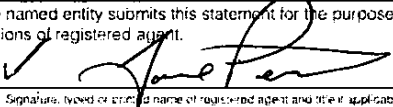
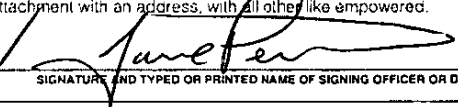


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90081 024 ***150.00

DOCUMENT # P99000105168 1. Entity Name THE GARPO GROUP, INC.					
Principal Place of Business 147 ALHAMBRA CIRCLE, #120 CORAL GABLES, FL 33134			Mailing Address 1825 PONCE DE LEON BLVD 442 CORAL GABLES, FL 33134		
2. Principal Place of Business 12651 S. DIXIE HWY. SUITE #323		3. Mailing Address 12651 S. DIXIE HWY. SUITE #323			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 65-0964898	
Zip 33156		Country MIAMI-DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENA, JOSE M 147 ALHAMBRA CIRCLE, #120 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name PENA, JOSE M. Street Address (P.O. Box Number is Not Acceptable) 12651 S. DIXIE HWY. SUITE #323 City MIAMI			
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  DATE 8/11/05					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P PENA, JOSE M 147 ALHAMBRA CIRCLE, #120 CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENA, JOSE 147 ALHAMBRA CIRCLE, #120 CORAL GABLES, FL 33134	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERO, PEDRO R 147 ALHAMBRA CIRCLE, #120 MIAMI, FL 33134	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P PENA, JOSE M. 12651 S. DIXIE HWY #323 MIAMI, FLORIDA 33156	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ 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:  DATE 08/11/05 305-259-0603					