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	Mailing Address
147 ALHAMBRA CIRCLE, #120 CORAL GABLES, FL 33134	1825 PONCE DE LEON BLVD 442 CORAL GABLES, FL 33134

07262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12651 S. DIXIE HWY.	12651 S. DIXIE HWY.
Suite, Apt. #, etc. SUITE #323	Suite, Apt. #, etc. SUITE #323
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip / Country 33156 / MIAMI-DADE	Zip / Country 33156 / MIAMI-DADE

4. FEI Number
65-0964898
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PENA, JOSE M 147 ALHAMBRA CIRCLE, #120 CORAL GABLES, FL 33134	Name: PENA, JOSE M. Street Address (P.O. Box Number is Not Acceptable): 12651 S. DIXIE HWY. SUITE #323 City: MIAMI FL Zip Code: 33156

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] 8/11/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, P PENA, JOSE M. 12651 S. DIXIE HWY #323 ~~MIAMI, FLORIDA 33156~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENA, JOSE 147 ALHAMBRA CIRCLE, #120 CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] 08/11/05 305-259-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #