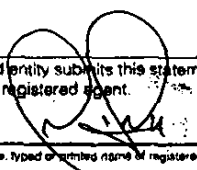


**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S33200 1. Entity Name GARCIA SIGNS, INC			
Principal Place of Business 93 W OKEECHOBEE RD HIALEAH, FL 33010 US		Mailing Address 93 W OKEECHOBEE RD HIALEAH, FL 33010 US	
2. Principal Place of Business 206 W. 21ST Suite, Apt. #, etc.		3. Mailing Address 206 W. 21ST Suite, Apt. #, etc.	
City & State HIALEAH FL		City & State HIALEAH FL	
Zip 33010	Country US	Zip 33010	Country US
4. FEI Number 65-0244428		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDOZA, MANUEL 93 W OKEECHOBEE RD HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name MANUEL MENDOZA Street Address (P.O. Box Number is Not Acceptable) 206 W. 21ST City HIALEAH FL Zip Code 33010	
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 4/26/05 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when restate.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MENDOZA, MARIA 206 W 21 STREET HIALEAH, FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MENDOZA, MANUEL 206 W 21 STREET HIALEAH, FL 33010 ☐ 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
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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: 		MANUEL MENDOZA 4/26/05 305.885.0333 Signature and typed or printed name of signing officer or director Date Daytime Phone #	

40074534



04262005 Chg-P CR2E034 (10/03)