FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90053 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V30029

1. Entity Name
GARMES INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
7740 SW 89TH AVE MIAMI, FL 33173 US	7740 SW 89TH AVE MIAMI, FL 33173 US

04262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Street Address
City & State
Zip | County

3. Mailing Address
Street Address
City & State
Zip | Country

4. FEI Number
65-0344269

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

Document Date
Not Applicable

6. Name and Address of Current Registered Agent

GARCIA, CARLOS
3921 NW 5TH STREET
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Vera, Heidy
Street Address (P.O. Box Number is Not Acceptable):
7740 SW 89th Ave
City: Miami FL Zip Code: 33173

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: X

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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-State-Zip	PSTD GARCIA, CARLOS 3921 NW 5TH STREET MIAMI, FL 33126	☐ Delete	P Vera, Heidy 7740 SW 89th Ave Miami, FL 33173	☐ Change ☒ Addition
Title Name Street Address City-State-Zip	VP VERA, HEIDY 7740 SW 89TH AVE MIAMI, FL 33173	☐ Delete		☐ Change ☐ Addition
Title Name Street Address City-State-Zip		☐ Delete		☐ Change ☐ Addition
Title Name Street Address City-State-Zip		☐ Delete		☐ Change ☐ Addition
Title Name Street Address City-State-Zip		☐ Delete		☐ Change ☐ Addition
Title Name Street Address City-State-Zip		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 added by this report with an address, which may be a business address, for each position listed.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR