


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90017 017 ***150.00

DOCUMENT # L88338
 1. Entity Name
GALINA ENTERPRISES, INC.




Principal Place of Business Mailing Address
1403 DUNN AVENUE #6 **11834 COASTAL LANE WEST**
JACKSONVILLE, FL 32218 US **JACKSONVILLE, FL 32258-5336 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 4132 BELLINGHAM Court

City & State City & State
 JACKSONVILLE, FL

Zip Country Zip Country
 32223 **DUVAL**



01152004 Chg-P CR2E034 (10/03) J
 4. FEI Number Applied For
 59-3021161 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ETLIN, BORIS L.
11834 COASTAL LANE WEST
JACKSONVILLE, FL 32258-5336

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4132 BELLINGHAM COURT
 City State Zip Code
JACKSONVILLE **FL** **32223**

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 *Boris L. Etlin* **PRESIDENT** *2. 11. 04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ETLIN, BORIS L.			NAME			
STREET ADDRESS	11834 COASTAL LANE WEST			STREET ADDRESS	4132 BELLINGHAM COURT		
CITY-ST-ZIP	JACKSONVILLE, FL 322585336			CITY-ST-ZIP	JACKSONVILLE, FL 32223		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ETLIN, GALINA			NAME			
STREET ADDRESS	11834 COASTAL LANE WEST			STREET ADDRESS	4132 BELLINGHAM COURT		
CITY-ST-ZIP	JACKSONVILLE, FL 322585336			CITY-ST-ZIP	JACKSONVILLE, FL 32223		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 info empowered.
 SIGNATURE: *Boris L. Etlin* **PRESIDENT** *2. 11. 04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Home #