


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000078739					
1. Entry Name GALLIANO STUDIOS, INC.					
Principal Place of Business 9525 SW 163RD CT MIAMI FL 33196			Mailing Address 9525 SW 163RD CT MIAMI FL 33196		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-1030984	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLLMAN, FRANCES G 9525 SW 163RD CT MIAMI FL 33196				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete				
NAME	HOLLMAN, KENNETH W	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9525 SW 163RD CT	NAME	U00000056088 02/19/04-80006-001 150.00		
CITY - ST - ZIP	MIAMI FL 33196	STREET ADDRESS			
TITLE	D <input type="checkbox"/> Delete	CITY - ST - ZIP			
NAME	HOLLMAN, FRANCES G	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9525 SW 163RD CT	NAME			
CITY - ST - ZIP	MIAMI FL 33196	STREET ADDRESS			
TITLE	<input type="checkbox"/> Delete	CITY - ST - ZIP			
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME			
CITY - ST - ZIP		STREET ADDRESS			
TITLE	<input type="checkbox"/> Delete	CITY - ST - ZIP			
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY - ST - ZIP		STREET ADDRESS			
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NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME			
CITY - ST - ZIP		STREET ADDRESS			



MOORE CR2E034 (11/03)

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: Kenneth W. Hollman 2-16-04 305-256-8798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #