2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000018926

1. Entity Name
GALLERIA INVESTMENT CORP.



Apr 07, 2004 08:00 AM Secretary of State

Principal Place of Business

2715 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33306

Mailing Address

2715 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33306



04052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1076391

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SENESI, FRED P 2715 E OAKLAND PARK BLVD STE 300 FORT LAUDERDALE, FL 33306

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FORT LAUDERDALE, FL 33306				IN	THIS SPACE
	tions of registered agent.			egistered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000105912 U4/07/04-80044-017 158.00
10.	OFFICERS AND DIRECTORS				
TITLE	PSTD SENSES FOR P				
NAME Street address	SENESI, FRED P 2715 EAST OAKLAND PARK BOULEVARD				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME				_	
STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE			. —	•	-
NAME					
STREET ADDRESS					
CITY-ST-ZIP	{				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes 1 further certify that the information inclicated 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:

HITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 954-518-988 Date Dayline Phone #