

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90026 007 \*\*\*150.00

<b>DOCUMENT # P03000073621</b>			
1. Entity Name <b>GALLERY NORDSOUTH, INC.</b>			
Principal Place of Business <b>2280 ANCHOR CT FORT LAUDERDALE, FL 33312</b>		Mailing Address <b>7800 W. OAKLAND PARK BLVD SUITE G-121 SUNRISE, FL 33351</b>	
2. Principal Place of Business - No P.O. Box # <b>16600 NW 54 Ave #6</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Unit #6</b>		Suite, Apt. #, etc.	
City & State <b>Miami Gardens, FL</b>		City & State	
Zip <b>33014</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>FRECHETTE, STEPHANE 2280 ANCHOR CT FORT LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1431 SE 2nd CT</b> City <b>Fort Lauderdale FL</b> Zip Code <b>33014</b>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE D <input type="checkbox"/> Delete	NAME FRECHETTE, STEPHANE	TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Frechette, Stephane
STREET ADDRESS 2280 ANCHOR CT	CITY-ST-ZIP FT LAUDERDALE, FL 33312	STREET ADDRESS 1431 SE 2nd CT	CITY-ST-ZIP Fort Lauderdale, fl 33014-6105
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP	
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 reports 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 information.			
SIGNATURE: 		Date <b>03/12-2007</b>	Daytime Phone # <b>305-621-0110</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

40036420



03122007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-0077168**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required