2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90073 031 ***150.00

DOCUMENT# P96000030450

1. Entity Name
GALIANA MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
250 SW 21 ROAD MIAMI, FL 33130	250 SW 21 ROAD MIAMI, FL 33130

01062004 Chg-P CR2E034(10/03)

2. Principal Place of Business	3. Mailing Address
801 SW 3 AVE.	801 SW 3 AVE.
Suite, Apt. #, etc. 305	Suite, Apt. #, etc. 305
City & State MIAMI, FLORIDA	City & State MIAMI, FL.
Zip 33130-3576 Country USA	Zip 33130-3576 Country USA

4. FEI Number 65-0664994 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GALIANA, MIRIAM H
250 SW 21 ROAD
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name: MIRIAM H. GALIANA
Street Address (P.O. Box Number is Not Acceptable): 801 SW 3 AVENUE, SUITE 305
City: MIAMI FL Zip Code 33130

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 [signature] 1/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	D ☐ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	GALIANA, MARIAM H	NAME	GALIANA, MIRIAM H.
STREET ADDRESS	250 SW 21 ROAD	STREET ADDRESS	801 SW 3 AVE., SUITE 305
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	MIAMI, FL. 33130-3576
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	GALIANA, THOMAS R	NAME	GALIANA, THOMAS R.
STREET ADDRESS	250 SW 21 ROAD	STREET ADDRESS	801 SW 3 AVE, SUITE 305
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	MIAMI, FL. 33130-3576
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 like empowered.

SIGNATURE: [signature] 1/14/04 305-854-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #