

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90058 015 ***150.00

DOCUMENT # 412887

1. Entity Name

EL GALEON INC.



Principal Place of Business

581 WEST 28TH STREET
 HIALEAH FL 33010

Mailing Address

581 WEST 28TH STREET
 HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number

59-1432024

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOCHE, LEONELLE
 581 WEST 28TH STREET
 HIALEAH FL 33010

7. Name and Address of New Registered Agent

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

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
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
NAME	NOCHE, GERARDO	
STREET ADDRESS	581 WEST 28TH STREET	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOYANO, NOCHE	
STREET ADDRESS	581 WEST 28TH STREET	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	NOCHE, LEONELLE	
STREET ADDRESS	581 WEST 28TH STREET	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	NOCHE NUNEZ, ESTRELLA	
STREET ADDRESS	581 WEST 28 STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Leonelle Noche (LEONELLE NOCHE 4/15/04

Date

305-888-1823

Daytime Phone #