


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

| | | | |
|--|---------|---|---------|
| 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 Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 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 | |



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1432024** Applied For Not Applied

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

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, 2006 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 | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOCHE, GERARDO | | NAME | | |
| STREET ADDRESS | 581 WEST 28TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 00000 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOYANO, NOCHE | | NAME | | |
| STREET ADDRESS | 581 WEST 28TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 00000 | | CITY-ST-ZIP | | |
| TITLE | VDP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOCHE, LEONELLE | | NAME | | |
| STREET ADDRESS | 581 WEST 28TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 00000 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOCHE NUNEZ, ESTRELLA | | NAME | | |
| STREET ADDRESS | 581 WEST 28 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Section 119, 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) 4/21/06 305-988-1923