

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90270 042 ***150.00

DOCUMENT # F00910

1. Entity Name

GALIANI CORPORATION



Principal Place of Business

13151 NEWBERRY ROAD
TIOGA FL 32669
US

Mailing Address

P.O. BOX 13461
GAINESVILLE FL 32604
US

04043409



MOORE CR2E034 (11/03)

2. Principal Place of Business

105 SW 128th Street
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 13453
Suite, Apt. #, etc.

City & State

Tioga FL

City & State

Gainesville FL

4. FEI Number

59-2066898

Applied For

Not Applicable

Zip

32669

Country

US

Zip

32604

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, LUIS A.
13151 NEWBERRY ROAD
TIOGA FL 32669

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CANNELLA, PASQUA	
STREET ADDRESS	13151 NEWBERRY ROAD	
CITY-ST-ZIP	TIOGA FL 32669	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MIGUEL J DIAZ	
STREET ADDRESS	13151 NEWBERRY ROAD	
CITY-ST-ZIP	TIOGA FL 32669	
TITLE	V	<input type="checkbox"/> Delete
NAME	CANNELLA, LUISA J	
STREET ADDRESS	13151 NEWBERRY ROAD	
CITY-ST-ZIP	TIOGA FL 32669	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, MARIA TERESA	
STREET ADDRESS	13151 NEWBERRY ROAD	
CITY-ST-ZIP	TIOGA FL 32669	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIAZ, LUIS A	
STREET ADDRESS	13151 NEWBERRY ROAD	
CITY-ST-ZIP	TIOGA FL 32669	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DIAZ, ANNELIESE	
STREET ADDRESS	13151 NEWBERRY ROAD	
CITY-ST-ZIP	TIOGA FL 32669	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	105 SW 128th Street	
CITY-ST-ZIP	Tioga FL 32669	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	105 SW 128th Street	
CITY-ST-ZIP	Tioga FL 32669	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ferrero, Horst	
STREET ADDRESS	105 SW 128th Street	
CITY-ST-ZIP	Tioga FL 32669	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	105 SW 128th Street	
CITY-ST-ZIP	Tioga FL 32669	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis A. Diaz

4/26/04

Date

352 331 4000

Daytime Phone #