


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90042 032 \*\*\*150.00

<b>DOCUMENT # F01000003770</b> 1. Entity Name <b>LLADRO GALLERIES, INC.</b>					
Principal Place of Business <b>2223 N WEST SHORE BLVD SUITE 248 TAMPA, FL 33607</b>			Mailing Address <b>1 LLADRO DR. MOONACHIE, NJ 07074</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>22-2916345</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JENTIS, BARBARA S 43 WEST 57TH STREET NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FERNANDO SANZ MARTINEZ TAVERNES BLANQUES VALENCIA, SPAIN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAREA, FRANCISCO TAVERNES BLANQUES VALENCIA, SPAIN,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR MARIE ANNE BOS TAVERNES BLANQUES VALENCIA, SPAIN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOIRA, BEATRIZ GARCIA TAVERNES BLANQUES VALENCIA, SPAIN,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY KARIM MOHIEM 1 LLADRO DRIVE MOONACHIE, NJ 07074	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Barbara Jentis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/7/05 201-807-1177x504 Date Daytime Phone #		