2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006033

Entity Name: R.M. GALICIA, INC.

FILED Mar 19, 2009 Secretary of State

| Current Princip | pal Place of Business: | New Principal Place of Business |
|-----------------|------------------------|---------------------------------|
| | | |

1521 WEST CAMERON AVE., FIRST FLOOR 1521 WEST CAMERON AVE., FIRST FLOOR

WEST COVINA, FL 91790 WEST COVINA, CA 91790

Current Mailing Address: New Mailing Address:

1521 WEST CAMERON AVE., FIRST FLOOR WEST COVINA, FL 91790

FEI Number: 95-3901427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Clarkeria Cinnakura of Davietanad Araut

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOB () Delete Title: CEOB (X) Change () Addition

Name: GALICIA, RODOLFO
Address: 36351 BUTTERFLY PEAK

Name: GALICIA, RODOLFO
Address: 1521 WEST CAMERON AVE., FIRST FLOOR

Dity of Time MOUNTAIN CENTED A 02564

City-St-Zip: MOUNTAIN CENTER, CA 92561 City-St-Zip: WEST COVINA, CA 91790

Title: PD () Delete Title: PD (X) Change () Addition

Name: BANTA, TIMOTHY Name: BANTA, TIMOTHY

Address: 7 MEADOW RIDGE ROAD Address: 1521 WEST CAMERON AVE., FIRST FLOOR

City-St-Zip: PHILLIPS RANCH, CA 91766 City-St-Zip: WEST COVINA, CA 91790

Title: SD () Delete Title: SD (X) Change () Addition

Name: GUTIERREZ, WILLIAM Name: GUTIERREZ, WILLIAM

Address: 2895 TEAL ST. Address: 1521 WEST CAMERON AVE., FIRST FLOOR

City-St-Zip: LA VERNE, CA 91750 City-St-Zip: WEST COVINA, CA 91790

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY BANTA PD 03/19/2009