

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35481

FILED
Aug 04, 2008
Secretary of State

Entity Name: GALLOWAY OFFICE SUPPLY, INC.

Current Principal Place of Business:

10201 NW 21 ST
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

10201 NW 21 ST
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 59-2524876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZASLOW, EDWIN B ESQ
5901 SW 74TH ST, SUITE 205
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOURAL, JAIME,
Address: 151 CRANDON BLVD, #723
City-St-Zip: KEY BISCAWAYNE, FL 33149

Title: TD () Delete
Name: TOURAL, AMELIA,
Address: 151 CRANDON BLVD, #236
City-St-Zip: KEY BISCAWAYNE, FL 33149

Title: SD () Delete
Name: TOURAL, BEATRIZ
Address: 151 CRANDON BLVD, #723
City-St-Zip: KEY BISCAWAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMELIA TOURAL

TRES

08/04/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date