2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011557

1. Entity Name
GALES L.L.C.

FILED
2004 OCT 12 P 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5760 NE 27 AVE APT B FT LAUDERDALE, FL 33308	5760 NE 27 AVE APT B FT LAUDERDALE, FL 33308

09272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5760 N E 27 Ave	5750 N E 27 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Fl.	City & State: Fort. Lauderdale, Fl.
Zip: 33308 Country: USA	Zip: 33308 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, CANDELARIA
4521 N. OCEAN DRIVE
LAUDERDALE-BY-THE-SEA, FL 33308

7. Name and Address of New Registered Agent

Name: Candelaria Ramirez
Street Address (P.O. Box Number is Not Acceptable): 5750 NE 27 Ave.
City: Ft. Lauderdale FL Zip Code: 33308

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] 09/26/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CANELARIA RAMIREZ TRUST 5760 N.E. 27TH AVE., APT B FORT LAUDERDALE, FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carolina M. Poeyo 5750 N.E. 27 Ave. Ft. Lauderdale, Fl. 33308 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600041821546 10/12/04--01052--003 **50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 09/26/2004 305-926-2316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Sep. 26/2004

Att: Division of Corporations

To who may concern:

Please be advised that we never received corporation Renewal form.

Our address is 5748 NE 27 Ave.
Fort Laud. Fl. 33308
(The old was 5760 NE 27 Ave)

thanks

Jenatine Rep. Mgr

CAROLINA H. Pueyo: (305-926 2316)