

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007604

Entity Name: INVERSIONES GAL, LLC

FILED
Feb 10, 2005
Secretary of State

Current Principal Place of Business:

3045 NORTH FEDERAL HIGHWAY
14-16
FT. LAUDERDALE, FL 333061431 US

New Principal Place of Business:

Current Mailing Address:

3045 NORTH FEDERAL HWY.
FT. LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 77-0594532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOVAR, ILEANA ARIAS ESQ
1725 MAIN ST., STE. 205
WESTON, FL 33326 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LUCCHESI, GAETANO
Address: 3045 NORTH FEDERAL HIGHWAY
City-St-Zip: FT. LAUDERDALE, FL 33306 US

Title: MGRM () Delete
Name: DESARIO, ANTONELLA
Address: 3045 NORTH FEDERAL HIGHWAY
City-St-Zip: FT. LAUDERDALE, FL 33306 US

Title: MGRM () Delete
Name: CICARELLI, GENE
Address: 2344 NE 12TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

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 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 electronic 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: GAETANO LUCCHESI

MAN

02/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date