


**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # L03000018734					
1. Entity Name <b>GALICIA ENTERPRISES, LLC</b>					
Principal Place of Business <b>716 WEST FLETCHER AVENUE TAMPA, FL 33612</b>			Mailing Address <b>716 WEST FLETCHER AVENUE TAMPA, FL 33612</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		
6. Name and Address of Current Registered Agent					
<b>VIVERO, JOSE GALICIA ENTERPRISES, LLC 716 W. FLETCHER AVE TAMPA, FL 33612</b>					Name
					Street Address
					City
					State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME	MGRM VIVERO, JOSE	<input type="checkbox"/> Delete	TITLE NAME	VP Viv	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	716 W. FLETCHER AVE TAMPA, FL 33612		STREET ADDRESS CITY - ST - ZIP	716 Tam	
TITLE NAME	VP VIVERO, ELENA	<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS CITY - ST - ZIP	15437 LAKE MAGDALENE BLVD TAMPA, FL 33613		STREET ADDRESS CITY - ST - ZIP		
TITLE NAME	VP VIVERO, FRANCIS X	<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS CITY - ST - ZIP	10018 HAMPTON PLACE TAMPA, FL 33618		STREET ADDRESS CITY - ST - ZIP		
TITLE NAME	VP VIVERO, GABRIEL J	<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS CITY - ST - ZIP	716 W. FLETCHER AVE TAMPA, FL 33612		STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained or indicated on this report is true and accurate and that my signature shall have the same legal effect as if I am the owner of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.					
<b>SIGNATURE:</b> _____				<b>Jose Vivero</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					