2006 LIMITED LIABILITY COMPANY

Mar 23, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT #L03000018734 03-23-2006 90270 017 ****50.00 GALICIA ENTERPRISES, LLC Principal Place of Business Mailing Address 716 WEST FLETCHER AVENUE 716 WEST FLETCHER AVENUE TAMPA, FL 33612 TAMPA, FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FFI Number 65-1195147 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIVERO, JOSE GALICIA ENTERPRISES, LLC Street Address (P.O. Box Number is Not Acceptable) 716 W. FLETCHER AVE TAMPA, FL 33612 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM TITLE $\overline{ ext{VP}}$ Change ☐ Addition ☐ Delete VIVERO, JOSE Vivero, Gabriel J. NAME NAME STREET ADDRESS 716 W. FLETCHER AVE STREET ADDRESS 716 W. Fletcher Avenue CITY-ST-ZIP TAMPA, FL 33612 CITY-ST-ZIP Tamba, FI, 33612 VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition VIVERO, ELENA NAME NAME STREET ADDRESS 15437 LAKE MAGDALENE BLVD STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP VP ☐ Addition TITLE ☐ Delete TITLE ☐ Change VIVERO, FRANCIS X NAME NAME STREET ADDRESS 10018 HAMPTON PLACE STREET ADDRESS CITY-ST-7(P City-St-7IP TAMPA, FL 33618 ٧Þ ☐ Delete TITLE Channe Channe ☐ Addition TATI F VIVERO, GABRIEL J NAME STREET ADDRESS 716 W. FLETHCER AVE STREET ADDRESS TAMPA, FL 33612 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GNATURE AND TYPED OR

Jose Vivero

FILED

3/17/06 813-961-3300