

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

01-20-2005 90007 001 ****50.00

DOCUMENT # L04000075906			
1. Entity Name GALPA INVESTMENT LLC			
Principal Place of Business 1555 NW 97TH AVENUE MIAMI, FL 33172 US		Mailing Address 1555 NW 97TH AVENUE MIAMI, FL 33172 US	
2. Principal Place of Business 1555 NW 97 AVE		3. Mailing Address 1555 NW 97 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI	
Zip 33172	Country US	Zip 33172	Country US
8. Name and Address of Current Registered Agent HERNANDEZ, FRANCISCO 1555 NW 97TH AVENUE MIAMI, FL 33172		7. Name and Address of New Registered Agent Name HERNANDEZ, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 1555 NW 97 AVE. City MIAMI FL Zip Code 33172	
9. 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 FRANCISCO HERNANDEZ		DATE 01-12-2005	
Filing Fee is \$60.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, FRANCISCO 1555 NW 97TH AVENUE MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALARZA, ANA 1555 NW 97TH AVENUE MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALARZA, MARIA G 1555 NW 97TH AVENUE MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALARZA, JESUS 1555 NW 97TH AVENUE MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUIZ-ESQUIDE, LUIS 1555 NW 97TH AVENUE MIAMI, FL 33172 ☐ 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
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: FRANCISCO HERNANDEZ		Date 01-12-2005 Daytime Phone # 305-4182323	