


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L88338 1. Entity Name GALINA ENTERPRISES, INC.			
Principal Place of Business 1403 DUNN AVENUE #6 JACKSONVILLE, FL 32218 US		Mailing Address 4132 BELLINGHAM COURT JACKSONVILLE, FL 32223 US	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-3021161	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETLIN, BORIS L. 4132 BELLINGHAM COURT JACKSONVILLE, FL 32223		DO NOT WRITE IN THIS SPACE	
7. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P ETLIN, BORIS L. 4132 BELLINGHAM COURT JACKSONVILLE, FL 32223		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V ETLIN, GALINA 4132 BELLINGHAM COURT JACKSONVILLE, FL 32223		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Boris L. Etlia</u>		2.15.05 9049442383	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	