

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # M36009

1. Entity Name
GALICIA SEA-FOOD INC.



Principal Place of Business

**6549 S.W. 40TH STREET
MIAMI, FL 33155**

Mailing Address

**6549 S.W. 40TH STREET
MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2797015

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, DANIEL
6500 SW 107TH AVE
MIAMI, FL 33173**

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IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000007436520
02/28/06-80005-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANCHEZ, DANIEL
STREET ADDRESS	6500 SW 107TH AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	SD
NAME	SANCHEZ, DANIEL
STREET ADDRESS	6500 SW 107TH AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	SID
NAME	SANCHEZ, ESTELA
STREET ADDRESS	6500 SW 107 AVE.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #