

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90024 035 \*\*\*\*70.00

DOCUMENT # N00000006823

1. Entity Name

GALATA, INC.



Principal Place of Business

239-241 WEST PALM DRIVE  
FLORIDA CITY FL 33034

Mailing Address

PO BOX 901872  
HOMESTEAD FL 33090



2. Principal Place of Business - No P.O. Box #

916 N. Flagler Ave

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Homestead FL

City & State

Zip

Country

Country

4. FEI Number

31-1739831

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOUIS, JOSEPH G  
576 NW 3RD STREET  
FLORIDA CITY FL 33034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOUIS, JOSEPH G	
STREET ADDRESS	576 NW 3RD STREET	
CITY- ST- ZIP	FLORIDA CITY FL 33034	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ST LOUIS, JEAN R	
STREET ADDRESS	576 NW 3 ST	
CITY- ST- ZIP	FLORIDA CITY FL 33034	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KERNA, MICHEL	
STREET ADDRESS	576 NW 3RD STREET	
CITY- ST- ZIP	FLORIDA CITY FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	SD Marie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michel, Kerna	
STREET ADDRESS	Same	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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

Do Not Leave Empty

1/28/08