

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008768

Entity Name: GALA CORINA INC.

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

1204 EAST MOHAWK AVENUE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1204 EAST MOHAWK AVENUE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 52-2403756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANGLEY, JOHN K MR.
1204 EAST MOHAWK AVENUE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANGLEY, JOHN K MR.
Address: 1204 EAST MOHAWK AVENUE
City-St-Zip: TAMPA, FL 33604

Title: VP () Delete
Name: BOTHOS, ALEXANDER MR.
Address: 7810 NORTH OAK DRIVE
City-St-Zip: TAMPA, FL 33611

Title: VP () Delete
Name: CALVINO, MICHAEL MR.
Address: 6330 SOUTH MACDILL AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VP () Delete
Name: SANCHEZ - CUMBAS, EDGAR MR.
Address: 82 MARTINIQUE AVENUE
City-St-Zip: TAMPA, FL 33606

Title: SEC () Delete
Name: MCCLEAF, HEATHER MS.
Address: 1723 WEST FERRIS AVENUE
City-St-Zip: TAMPA, FL 33603

Title: VP () Delete
Name: NAKIS, SOPHIA MRS.
Address: 82 MARTINIQUE AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN K. LANGLEY

P

04/13/2004

Electronic Signature of Signing Officer or Director

Date