

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000160

FILED  
Jan 15, 2007  
Secretary of State

**Entity Name:** GALIANO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

45 VALENCIA AVE.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

45 VALENCIA AVE.  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-4364863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAJJAR, MOHAMMAD  
45 VALENCIA AVE.  
CORAL GABLES, FL 33134 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: PVST ( ) Delete  
Name: HAJJAR, MOHAMMAD  
Address: 45 VALENCIA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: HAJJAR, MOHAMMAD  
Address: 45 VALENCIA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: MASOUDI, FATEMEH  
Address: 45 VALENCIA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: OKHOVAT, KAMRAN  
Address: 45 VALENCIA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: M. HAJJAR

PVST

01/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date