2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N05000000160

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: SHAHROODI, HOSSEIN AL
Address: 45 VALENCIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: BRITTON, NICHOLAS
Address: 498 SW 2ND STREET
City-St-Zip: MIAMI, FL 33130

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: PELAEZ, ADA
Address: 498 SW 2ND STREET
City-St-Zip: MIAMI, FL 33130 US

I hereby certify that the information supplied with this filing does not qualify 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 PRES 03/27/2009

Electronic Signature of Signing Officer or Director — Date