

2005 FOR PROFIT CORPORATION ANNUAL REPORT


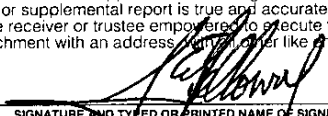
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Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90305 019 ***150.00

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02282005 Chg-P CR2E034 (10/03)

DOCUMENT # P0000031171			
1. Entity Name GALLOWAY ENTERPRISES, CORP.			
Principal Place of Business 15805 S.W. 91ST COURT MIAMI, FL 33157		Mailing Address 15805 S.W. 91ST COURT MIAMI, FL 33157	
2. Principal Place of Business 581 Galloway Av		3. Mailing Address 581 Galloway Av	
Suite, Apt. # etc.		Suite, Apt. # etc.	
City & State Deltona, FL		City & State Deltona, FL	
Zip 32725	Country USA	Zip 32725	Country USA
4. FEI Number 65-1001481		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RACINI, BEATRIZ P 15919 S.W. 90TH COURT MIAMI, FL F3315-7		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RACINI, HECTORT 15919 S.W. 90TH COURT MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Galloway Jorge Eduardo Jr 581 Galloway Av Deltona, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLOWAY, FABIANA B 15805 S.W. 91ST CT. MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLOWAY, FABIANA B 581 Galloway Av Deltona, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 change or other like empowered.			
SIGNATURE: 		Date: 4/18/05 Daytime Phone #: 305-968-4966	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	