2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2008 8:00 am Secretary of State

DOCUMENT # P0000094276 1. Entity Name GALICIA TRADING, INC.				02-01-2008 90025 006 ***158.75		
Principal Plac		Mailing Address		40.		
1754 WEST (#11	S/ SIKEEI	695 WEST 65 DRIVE Hialeah, FL 33012				
HIALEAH, FL 33012				LARRANDA IN DENI BENI BENI DENI DENI DENI DENI DENI DANI DANI DANI DANI DANI DENI DENI		
Principal Place of Business - No P.O. Box # 3. Mailing Address						
1745 W. 37 ST 1745 W 37 Suite, Apt. #, etc. Suite, Apt. #, etc.			37 ST			
#11 #11				01152008 Chg-P CR2E034 (12/06)		
	LEAH FC		FL	4. FEI Number Applied For Not Applicable		
Zip 330	Country	330/2	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
SANCHEZ, GONZALO						
695 WEST 66 DRIVE HIALEAH, FL 33012			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
TINLENIA						
,	. ` \$		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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	SANCHEZ, GONZALO	☐ Defete	NAME 17	145 W 37 ST #11 XChange □Additio		
CITY-ST-ZIP	695 WEST 65-DRIVE HALEAH, FL 33012		STREET ADDRESS CITY-ST-ZIP	145 W 37 ST #11 14100000 145 W 37 ST #11		
TITLE	VP	☐ Delete	TITLE V			
NAME	VALLE, ALBERTO	<u> </u>	NAME A	LBERTO VALLE		
STREET ADDRESS CITY-ST-ZIP	695 WEST 65 DRIV E HIALEAH, FL 9361 2	•		50 SE 2 AVENUE, #900 MIAMI, FL 33131		
TITLE	ST	☐ Delete	1	Change ☐ Addition		
NAME STREET ADDRESS	LOPEZ, ENEIDA 695 WEST-65 DRIVE		NAME E	ENEIDA LOPEZ 50 SE 2 AVENUE, #900		
CITY-ST-ZIP	HIALEAH, FL-33012-		CITY-ST-ZIP	11 SE 2 AVENUE, # 900 11 AMI, FL 33/3/		
TITLE		☐ Delete	TITLE	☐ Change ☐ Additio		
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-SI-ZIP			
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STREET ADDRESS		Ì	STREET ADDRESS			
CITY-ST-ZIP			CITY-SI-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	portify that the information avantice with	this filing does not qualify for the	CITY-ST-ZIP	ined in Chapter 110. Florida Statutas I further easify that the information		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 afgrature 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 truetee 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, with all other like empowered.						