2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094276

Entity Name: GALICIA TRADING, INC.

City-St-Zip:

FILED Jan 09, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
1745 W. 37 STREET #11 HIALEAH, FL 33012				5096 EAST 10TH COURT HIALEAH, FL 33013			
Current Mailing Address:				New Mailing Address:			
1745 W. 3 ⁻ HIALEAH,	7 STREET # ⁻ FL 33012	11		5096 EAST HIALEAH,			
FEI Number:	: 65-1052757	FEI Number Applied For	() FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SANCHEZ, GONZALO 695 WEST 65 DRIVE HIALEAH, FL 33012 US				ISIS VALLE, P.A. 150 SE 2ND AVENUE, SUITE 900 MIAMI, FL 33131 US			
	named entity e of Florida.	submits this statement for	or the purpose o	f changing i	ts registe	ered office or registered agent, or both,	
SIGNATURE: IV				01/09/2009			
		onic Signature of Register	-			Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P (SANCHEZ, G 1745 W. 37 S HIALEAH, FL	STREET #11		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (VALLE, ALBE 150 SE 2 AVE MIAMI, FL 33	ENUE # 900		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (LOPEZ, ENE 150 SE 2 AVE MIAMI, FL 33	ENUE # 900		Title: Name: Address: City-St-Zip:	VP VALLE, I 150 SE 2 MIAMI, F	2 AVENUE # 900	
Title: Name:	() Delete		Title: Name:	ST LOPEZ,	() Change (X) Addition ENEIDA	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip: MIAMI, FL 33131

SIGNATURE: IV VP 01/09/2009