

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90015 020 ***150.00

DOCUMENT # P00000104353																																																																																																																																																											
1. Entity Name GALICIAN ENTERPRISES INC.																																																																																																																																																											
Principal Place of Business 14905 SW 38TH STREET MIAMI, FL 33185			Mailing Address 14905 SW 38TH STREET MIAMI, FL 33185																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 5500 NW 74AVE		3. Mailing Address 5500 NW 74AVE																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-1052876																																																																																																																																																							
Zip 33166		Country GU		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent SAYEGH, RICARDO 14905 SW 34 STREET MIAMI, FL 33185			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 5px;">City</td> </tr> <tr> <td style="padding: 5px;">FL</td> <td style="padding: 5px;">Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code																																																																																																																																														
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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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																																																																																																								
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12. I hereby certify that the information submitted 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 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, with all other like empowered.																																																																																																																																																											
SIGNATURE: _____ 305-466-3960																																																																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																																																																																																																																											