

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000104353

1. Entity Name
GALICIAN ENTERPRISES INC.



Principal Place of Business
**2030 S. DOUGLAS RD, SUITE 114
CORAL GABLES, FL 33134**

Mailing Address
**2030 S. DOUGLAS RD, SUITE 114
CORAL GABLES, FL 33134**



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1052876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SAYEGH, RICARDO
5500 NW 74 AVE
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000907015
05/05/08-80021-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLUP, RICARDO SAYEGH
STREET ADDRESS	5500 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VP
NAME	SAYEGH, NELSON
STREET ADDRESS	5500 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	S
NAME	SAYEGH-VITALE, IRENE V
STREET ADDRESS	5500 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	T
NAME	SAYEGH, CLAUDIA
STREET ADDRESS	5500 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: Nelson Sayegh 04/15/08 305-447-1797
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #