


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90037 050 ***150.00

DOCUMENT # P01000022016			
1. Entity Name GALLERIA DESIGNS BRASIL INC.			
Principal Place of Business 20165 NE 39TH PLACE #1104 AVENTURA, FL 33180		Mailing Address 20165 NE 39TH PLACE #1104 AVENTURA, FL 33180	
2. Principal Place of Business 105 DOCKSIDE CIRCLE Suite, Apt. #, etc.		3. Mailing Address 105 DOCKSIDE CIRCLE Suite, Apt. #, etc.	
City & State WESTON, FL		City & State WESTON, FL	
Zip 33327		Zip 33327	
Country USA		Country USA	
4. FEI Number 65-1076504		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 GAMACHE, BRUCE J 20165 NE 39TH PLACE #1104 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 105 DOCKSIDE CIRCLE City WESTON FL Zip Code 33327	
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: <u>Bruce J Gamache</u> DATE: <u>3/14/05</u> <small>Signature, typed or printed name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	PTSD GAMACHE, BRUCE J 20165 NE 39TH PLACE #1104 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 DOCKSIDE CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILBERTO, PATRICIA 20165 NE 39TH PLACE #1104 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 DOCKSIDE CIRCLE WESTON, FL 33327
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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, with all other like empowered.			
SIGNATURE: <u>Bruce J Gamache</u>		DATE: <u>3/14/05</u> DAYTIME PHONE #: <u>954-384-5324</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	