

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90343 031 ***150.00

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| DOCUMENT # P01000031153 | |
| 1. Entity Name GALCO INTERNATIONAL, CORP. | |



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| Principal Place of Business 2455 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 | Mailing Address 2455 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 |
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50040370



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| 2. Principal Place of Business 5491 N University Dr Suite, Apt. #, etc. STE # 204 City & State Miami, FL Zip 33067 Country U.S.A. | 3. Mailing Address 5491 N University Dr Suite, Apt. #, etc. STE # 204 City & State Miami FL Zip 33067 Country U.S.A. |
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04132005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1086200 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FERNANDO, GALEB 2455 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 | 7. Name and Address of New Registered Agent Name Fernando Galeb. Street Address (P.O. Box Number is Not Acceptable) 5491 N University Dr # 204 City Miami FL Zip Code U.S.A. |
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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.

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|-----------|-------------------------------------------------------------------------------|--------------------------------------------------------------|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|-------------------------------------------------------------------------------|--------------------------------------------------------------|------|

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| 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 |
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|------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GALEB, FERNANDO 4427 N W 82 AVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
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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.

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| SIGNATURE | FERNANDO GALEB | 04-13-05 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date |
| | | Daytime Phone # |