



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000033811 1. Entity Name GALENICA, INC.	
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Principal Place of Business 7660 SW 83 CT MIAMI, FL 33143	Mailing Address 7660 SW 83 CT MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE

FILED
04 MAY 26 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1089873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROMAN, MARIA G
100 BAYVIEW DRIVE, NO. 2019
NORTH MIAMI BEACH, FL 33160

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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 \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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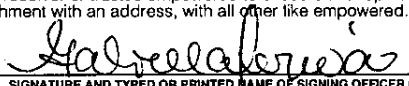
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ORTIZ JARCHENKO, MIGUEL A QUINTA AVENIDA, LOS PALOS GRANDES CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMAN, MARIA G 100 BAYVIEW DRIVE, NO. 2019 N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMAN, ELIZABETH 100 BAYVIEW DRIVE, NO. 2019 N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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700037801147
06/09/04--01043--015 **150.00

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:  5-22-04 305 332-6990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #