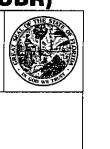
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000063827 **DOCUMENT #**

1. Entity Name

GALO REAL ESTATE HOLDINGS CORP.



FILED Mar 24, 2003 8:00 am § Secretary of State 03-24-2003 90248 021 ***150.00

					*** <u>*</u>	CE TO SERVICE						
Principal Place of Business 1933 N.W. 21ST TERRACE MIAMI FL 33142			Mailing Address 1933 N.W. 21ST TERRACE MIAMI FL 33142									
2. Principal F	Place of Busi	ness	3. Mailing Address				 					
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 65-1120052 Applied For Not Applicable					
Zip		Country	Zip Country				-5. Certificate of Status Desired See Required					
	6. Name	and Address of Current	Registered Ag	ent			7. Nam	e and Add	ress of Nev	w Register	ed Agent	
CARRERA, JUAN M ESQ.					Name						e e Kirja	
	i, juan m i Lejeune f			Street A	Street Address (P.O. Box Number is Not Acceptable)							
SUITE 420												
MIAMI FL	33126			City						`. F	Zip Co	de
athe obligation	Signature, typed	y submits this statement for ered agent. 2. or printed name of registered agent !! FEE IS \$150.00			gistered Agent signat		when reinstati	ng)		DAT	TE	
Afte	r May 1, 200	03 Fee will be \$550.00 Florida Department o	f State				'		Campaign nd Contribu			00 May Be ed to Fees
10.		OFFICERS AND	DIRECTORS		11.		ADDITI	ONS/CHA	NGES TO C	FFICERS A	AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALO, OS 1433 NW MIAMI FL	21 TERR		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			21 T	errac	e	⊠ Change	☐ Addition
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TITLE NAME STREET ADDRESS]	□ Delete ·	TITLE NAME STREET ADDRESS						Change	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 on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trusted changed, or on an attachment with an accordance or the corporation of the receiver or trusted changed.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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