

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90034 013 ***150.00

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1. Entity Name
GALMOCA CORPORATION



Principal Place of Business
**1390 BRICKELL AVENUE SUITE 200
MIAMI, FL 33131**

Mailing Address
**1390 BRICKELL AVENUE SUITE 200
MIAMI, FL 33131**

34041100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1132713

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTILLO B., ALVARO ESQ
CASTILLO & ASSOCIATES
1390 BRICKELL AVENUE SUITE 200
MIAMI, FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GALEAZZI, JUAN ANTONIO**
STREET ADDRESS **1390 BRICKELL AVENUE SUITE 200**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MEDINA, ANGEL GONZALO**
STREET ADDRESS **1390 BRICKELL AVENUE SUITE 200**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **T/S** ☒ Change ☐ Addition
NAME **Angel Gonzalo Medina**
STREET ADDRESS **1390 Brickell Avenue, Suite 200**
CITY-ST-ZIP **Miami, Florida 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/P** ☐ Change ☒ Addition
NAME **Jose Galeazzi**
STREET ADDRESS **1390 Brickell Avenue, Suite 200**
CITY-ST-ZIP **Miami, Florida 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel Gonzalo Medina 2-24-04 305-371-5540
Secretary

Date

Daytime Phone #