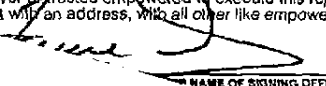


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000092243			
1. Entity Name GALLARES INVESTMENTS, INC			
Principal Place of Business 3610 YACHT CLUB DRIVE 716 AVENTURA, FL 33180	Mailing Address 3610 YACHT CLUB DRIVE 716 AVENTURA, FL 33180		
DO NOT WRITE IN THIS SPACE			
		03232006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1139169	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RAMIS, JAIME OLIVER 3610 YACHT CLUB DRIVE 716 AVENTURA, FL 33180		DO NOT WRITE 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 _____ 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAMIS, JAIME OLIVER 3610 YACHT CLUB SUITE 716 AVENTURA, FL 33180	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SERRANO LYTON, VIOLETA 3610 YACHT CLUB SUITE 716 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLIVER, ADRIANA 3610 YACHT CLUB SUITE 716 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, 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 attachment with an address, with all other like empowered.			
NAME OF SIGNING OFFICER OR DIRECTOR 		Date JAIME OLIVER RAMIS-03-30-06 Daytime Phone # 305 936 7394	