FILED
Mar 31, 2006 08
Secretary of S

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000092243

1. Entity Name
GALLARES INVESTMENTS, INC

Principal Place of Business	Mailing Address
3610 YACHT CLUB DRIVE 716 AVENTURA, FL 33180	3610 YACHT CLUB DRIVE 716 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

03232005 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

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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.

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	PSTD
NAME	RAMIS, JAIME OLIVER
STREET ADDRESS	3610 YACHT CLUB SUITE 716
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VPD
NAME	SERRANO LYTON, VIOLETA
STREET ADDRESS	3610 YACHT CLUB SUITE 716
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	TD
NAME	OLIVER, ADRIANA
STREET ADDRESS	3610 YACHT CLUB SUITE 716
CITY-ST-ZIP	AVENTURA, FL 33180
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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04/13/06-80065-013 150.00

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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 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.

JAIME OLIVER RAMIS 03-30-06
NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305 936 7394