CAPITAL CONNECTION 850 222 1222 02/19 '02 11:24 NO.064 01/01

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000010634

1. Entity Name
Galito, Inc
8600 NW S. River Drive
Miami, FL 33166

FILED
04 JUN -7 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 8600 NW S. River DR.
Suite, Apt. #, etc.
City & State: Miami, Florida
Zip: 33166 Country: USA

3. Mailing Address: 8600 NW S. River Drive
Suite, Apt. #, etc.
City & State: Miami, Florida
Zip: 33166 Country: USA

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number: 71-0871154 Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Joel Santana / ~~Galito, Inc~~.
Street Address (P.O. Box Number is Not Acceptable): 8600 NW S. River Drive.
City: Miami FL Zip Code: 33166

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.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

200038199903
06/23/04--01071--012 **500.00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P, VP, T, Sec.	TITLE	
NAME	Joel Santana	NAME	
STREET ADDRESS	Galito, Inc 8600 N.W. South River Drive	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33166.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 06/03/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #