


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90289 023 ***150.00

DOCUMENT # P02000040092	
1. Entity Name GALLEGO ADULT HOME, INC.	

Principal Place of Business 13225 S.W. 46 TERRACE MIAMI, FL 33175	Mailing Address 4726 SOUTHWEST 72ND AVENUE MIAMI, FL 33155
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2. Principal Place of Business 	3. Mailing Address 13225 S.W. 46 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI FL
Zip	Country 33175 MIAMI DADE

04242004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0668401	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MALLEIRO, MANUEL A 4726 SOUTHWEST 72ND AVENUE MIAMI, FL 33155	
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7. Name and Address of New Registered Agent Name MALLEIRO, MANUEL A Street Address (P.O. Box Number is Not Acceptable) 13225 S.W. 46 Terr MIAMI FL City FL Zip Code 33175	
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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  DATE **04/23/04**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLEIRO, MANUEL A 4726 SOUTHWEST 72ND AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALLEIRO, A. MANUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13225 S.W. 46 Terr MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARMLEY, PAUL 4726 SOUTHWEST 72ND AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARMLEY PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13225 S.W. 46 Terr MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DIRECTOR DATE **04/23/04** 305-5597500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR