


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90342 037 ***150.00

DOCUMENT # P02000079159

1. Entity Name
GALLOS PAINTING INC.



Principal Place of Business
**7670 S.W. 152ND AVENUE
 SUITE 103
 MIAMI, FL 33193**

Mailing Address
**7670 S.W. 152ND AVENUE
 SUITE 103
 MIAMI, FL 33193**

2. Principal Place of Business
6808 SW 105 CT

3. Mailing Address
6808 SW 105 CT

Suite, Apt. #, etc.

City & State
MIAMI FL


City & State
MIAMI FL

Zip
33173

Country
DADE

Zip
33173

Country
DADE



01212004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0000184

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ GALLOS, VICTOR HUGO
 7670 S.W. 152ND AVENUE
 SUITE 103
 MIAMI, FL 33193**

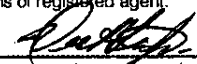
7. Name and Address of New Registered Agent

Name **Victor Hugo Lopez Gallos**

Street Address (P.O. Box Number is Not Acceptable)
6808 SW 105 CT

City **MIAMI** FL Zip Code **33173**

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:  **Victor Hugo Lopez Gallos.**

(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

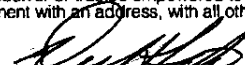
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ GALLOS, VICTOR HUGO	
STREET ADDRESS	7670 S.W. 152ND AVENUE, SUITE 103	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARVAJAL, JOSE A	
STREET ADDRESS	5924 S.W. 4TH STREET	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE LA FUENTE, ROLANDO A	
STREET ADDRESS	4284 S.W. 97TH COURT	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Victor Hugo Lopez Gallos	
STREET ADDRESS	6808 SW 105 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Victor Hugo Lopez Gallos** Date **01/21/04** Daytime Phone # **742-5773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR