2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P02000104520

Entity Name: GALIMI, INC.

Current Principal Place of Business:

500 BAYVIEW DR.
SUITE 1420
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

6501 MAIN STREET
APT 205
MIAMI LAKES, FL 33014

Current Mailing Address:

500 BAYVIEW DR.
SUITE 1420
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

6501 MAIN STREET
APT 205
MIAMI LAKES, FL 33014

FEI Number: 13-4214092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CACERES, NANCY
500 BAYVIEW DR.
SUITE 1420
SUNNY ISLES BEACH, FL 33160

Name and Address of New Registered Agent:

GALIMI, MATTHEW
6501 MAIN STREET
APT 205
MIAMI LAKES, FL 33014

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: MATTHEW GALIMI 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GALIMI, MATTHEW
Address: 500 BAYVIEW DR. #1420
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SD (X) Delete
Name: CACERES, NANCY
Address: 500 BAYVIEW DR. #1420
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GALIMI, MATTHEW
Address: 6501 MAIN STREET APT 205
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW GALIMI PD 04/29/2004
Electronic Signature of Signing Officer or Director Date