


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2007 0:
Secretary of

DOCUMENT # P03000002713 1. Entity Name GALLINA DALE CORPORATION	
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Principal Place of Business C/O 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131	Mailing Address C/O 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0909784	Applied For Not Applicable
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8. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASTILL B., ALVARO
1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MARINA ANDREA C/O 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, SEBASTIAN D C/O 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, PATRICIA LUZ C/O 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131
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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05/01/07-80071-004 150.00

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.

SIGNATURE: *SH* **HOFFMAN SEBASTIAN DIRECTOR** 4/16/07 786 264 1905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR