

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90026 006 ***158.75

DOCUMENT # P03000046387 1. Entity Name GALIANO ENTERPRISES, INC.																															
Principal Place of Business 13501 SW 128TH ST STE #201 MIAMI, FL 33186		Mailing Address 13501 SW 128TH ST STE #201 MIAMI, FL 33186																													
2. Principal Place of Business 2750 Douglas Rd Suite, Apt. #, etc. Suite #200 City & State Miami, Florida Zip 33133 Country USA		3. Mailing Address 2750 Douglas Rd Suite, Apt. #, etc. Suite #200 City & State Miami, Florida Zip 33133 Country USA																													
4. Certificate of Status Desired ☒ 5. Certificate of Status Desired		Chg-P CR2E034 (10/03) Applied For ☐ Not Applicable \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Mohammad Hajar Street Address (P.O. Box Number is Not Acceptable) 2750 Douglas Rd, Suite #200 City Miami, FL Zip Code 33133																													
B. 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 _____ Signature, typed or printed name of registered agent and firm if applicable.		DATE 04/20/04 (NOTE: Registered Agent signature required when registering)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSTD ORTA, PABLO O 13501 SW 128TH ST STE #201 MIAMI, FL 33186 </td> </tr> <tr> <td></td> <td style="text-align: right;">☒ Delete</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ORTA, PABLO O 13501 SW 128TH ST STE #201 MIAMI, FL 33186		☒ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PRESIDENT Mohammad Hajar 2750 Douglas Rd #200 MIAMI, FL 33133 </td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Mohammad Hajar 2750 Douglas Rd #200 MIAMI, FL 33133		☐ Change ☒ Addition		☐ Change ☒ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition
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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 employees.																															
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		DATE 04/20/04 Date																													

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