

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050518

Entity Name: GALU ENTERPRISES, INC.

FILED  
Feb 14, 2005  
Secretary of State

## Current Principal Place of Business:

950 S. PINE ISLAND ROAD  
SUITE 110  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

950 S. PINE ISLAND ROAD  
SUITE 110  
PLANTATION, FL 33324

## New Mailing Address:

FEI Number: 56-2377583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLOBAL HUMAN CAPITAL SOLUTIONS, INC.  
1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR  
SUNRISE, FL 33323 US

## Name and Address of New Registered Agent:

SANZ, MARIA D  
4262 FOX RIDGE DRIVE  
WESTON, FL 33331 US

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: MARIA D. SANZ

02/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SANZ, MARIA DE LOS A  
Address: 4262 FOX RIDGE DRIVE  
City-St-Zip: WESTON, FL 33331

Title: VD ( ) Delete  
Name: CAPA FERNANDEZ, JUANA  
Address: 4262 FOX RIDGE DRIVE  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SANZ, MARIA D  
Address: 4262 FOX RIDGE DRIVE  
City-St-Zip: WESTON, FL 33331

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: MARIA D. SANZ

PSTD

02/14/2005

Electronic Signature of Signing Officer or Director

Date