

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90200 026 \*\*\*150.00

<b>DOCUMENT # P03000066544</b> 1. Entity Name <b>GALANT INVESTMENT CORPORATION</b>			
Principal Place of Business <b>5700 COLLINS AVE., #14E MIAMI BEACH, FL 33140</b>		Mailing Address <b>5700 COLLINS AVE., #14E MIAMI BEACH, FL 33140</b>	
2. Principal Place of Business <b>4615 N.W. 72ND AVENUE</b> Suite, Apt. #, etc. <b>SUITE 114</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33166</b>		3. Mailing Address <b>4615 N.W. 72ND AVENUE</b> Suite, Apt. #, etc. <b>SUITE 114</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33166</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0047961</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BODIN, GLORIA R 2655 LEJEUNE RD., STE. #1001 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MORALES, LUIS F 5700 COLLINS AVE., #14E MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MORALES, FERNANDO 5700 COLLINS AVE., #14E MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04/26/04</b> Daytime Phone # <b>(305) 718 9155</b>	