

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90026 007 ***150.00

DOCUMENT # P03000073621

1. Entity Name
GALLERY NORDSOUTH, INC.



Principal Place of Business
**2280 ANCHOR CT
FORT LAUDERDALE, FL 33312**

Mailing Address
**7800 W. OAKLAND PARK BLVD
SUITE G-121
SUNRISE, FL 33351**

40036420



2. Principal Place of Business - No P.O. Box #
16600 NW 54 Ave #6

3. Mailing Address

03122007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
Unit #6

Suite, Apt. #, etc.

City & State
Miami Gardens, FL

City & State

4. FEI Number
20-0077168

Applied For
Not Applicable

Zip
33014

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRECHETTE, STEPHANE
2280 ANCHOR CT
FORT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1431 SE 2nd CT

City
Fort Lauderdale

FL

Zip Code
33014

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FRECHETTE, STEPHANE**
STREET ADDRESS **2280 ANCHOR CT**
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **Frechette, Stephane**
STREET ADDRESS **1431 SE 2nd CT**
CITY-ST-ZIP **Fort Lauderdale, fl 33014-6105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/2007

Date

305-621-0110

Daytime Phone #