2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
03-02-2005 90089 001 ***150.00

DOCUMENT # P03000108799

1. Entity Name
GALLOWAY SUNSET ESTATES, INC.

Principal Place of Business	Mailing Address
12200 S.W. 74 STREET MIAMI FL 33183 00	12200 S.W. 74 STREET MIAMI FL 33183 00

66011529

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
8145 SW. 123 AVE		8145 SW. 123 AVE	
Suite, Apt. #, etc. MIAMI		Suite, Apt. #, etc.	
City & State FL		City & State MIAMI FL	
Zip 33183	Country DADE	Zip 33183	Country DADE

4. FEI Number 20-0447258 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS G SR.
120 N.W. 87 AVENUE
F-104
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name: Carlos G. Fernandez.
Street Address (P.O. Box Number is Not Acceptable): 12480 S.W. 185 AVE
City: MIAMI FL Zip Code 33176

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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	FERNANDEZ, CARLOS G SR.	
STREET ADDRESS	120 N.W. 87 AVENUE, F104	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	☐ Delete
NAME	CASTELLON, HECTOR	
STREET ADDRESS	11901 S.W. 64 STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: [signature] President — 2/18/2005 — 305 271-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #