

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

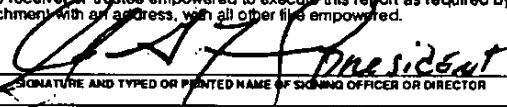
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Apr 20, 2005 8:00 am
Secretary of State

03-02-2005 90089 001 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P03000108799			
1. Entity Name GALLOWAY SUNSET ESTATES, INC.			
Principal Place of Business 12200 S.W. 74 STREET MIAMI FL 33183 00		Mailing Address 12200 S.W. 74 STREET MIAMI FL 33183 00	
2. Principal Place of Business 8145 SW. 123 AVE Suite, Apt. #, etc. MIAMI City & State MIAMI FL Zip 33183 Country DADE		3. Mailing Address 8145 SW. 123 AVE Suite, Apt. #, etc. MIAMI FL City & State MIAMI FL 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) 12980 SW. 105 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME FERNANDEZ, CARLOS G SR. STREET ADDRESS 120 N.W. 87 AVENUE, F104 CITY-ST-ZIP MIAMI FL 33173		TITLE ☐ Delete NAME FERNANDEZ, CARLOS G SR. STREET ADDRESS 120 N.W. 87 AVENUE, F104 CITY-ST-ZIP MIAMI FL 33173	
TITLE S NAME CASTELLON, HECTOR STREET ADDRESS 11901 S.W. 64 STREET CITY-ST-ZIP MIAMI FL 33183		TITLE ☐ 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	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Delete 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 filers empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/18/2005 Daytime Phone # 305 271-1117	