

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90021 033 ***150.00

DOCUMENT # P03000112187

1. Entity Name
INTERNATIONAL GALLERIA CORP.



Principal Place of Business
501 N.E. 8TH STREET
FORT LAUDERDALE, FL 33304

Mailing Address
501 N.E. 8TH STREET
FORT LAUDERDALE, FL 33304

2. Principal Place of Business
3563 N.W. 53rd ST.
Suite, Apt. #, etc.

3. Mailing Address
3563 N.W. 53rd ST.
Suite, Apt. #, etc.



01122004 Chg-P CR2E034 (10/03)

City & State
FORT LAUDERDALE
Zip
33309
Country
BROWARD

City & State
FORT LAUDERDALE
Zip
33309
Country
BROWARD

4. FEI Number
81-0635232
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRADY, JAMES C ESQ.
501 N.E. 8TH STREET
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name
THOMAS M. McDONALD
Street Address (P.O. Box Number is Not Acceptable)
3563 N.W. 53rd ST.
City
FORT LAUDERDALE
FL
Zip Code
33309

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 Thomas M. McDonald PRESIDENT DATE 1/24/2004
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
9. 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	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT, SECRETARY, DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, JAMES C ESQ.		NAME	THOMAS M. McDONALD	
STREET ADDRESS	501 N.E. 8TH STREET		STREET ADDRESS	3563 N.W. 53rd ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VICKIE L. McDONALD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, JAMES C ESQ.		NAME		
STREET ADDRESS	501 N.E. 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TREAS. V; D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VICKIE L. McDONALD	
STREET ADDRESS			STREET ADDRESS	3563 N.W. 53rd ST.	
CITY-ST-ZIP			CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Th. M. McD. PRES. DATE 1/24/2004 954-739-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR