

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

2. Principal Place of Business      3. Mailing Address  
**3563 N.W. 53RD ST.**      **3563 N.W. 53RD ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**FORT LAUDERDALE**      **FORT LAUDERDALE**  
 Zip      Country      Zip      Country  
**33309**      **BROWARD**      **33309**      **BROWARD**

01122004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**81-0635232**      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**  
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>BRADY, JAMES C ESQ.</b>	
STREET ADDRESS	<b>501 N.E. 8TH STREET</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33304</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>BRADY, JAMES C ESQ.</b>	
STREET ADDRESS	<b>501 N.E. 8TH STREET</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33304</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT, SECRETARY, DIR.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas M. McDonald</b>	
STREET ADDRESS	<b>3563 N.W. 53RD ST.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL-33309</b>	
TITLE	<del>VICKIE L. McDONALD</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREAS. V; D. VICKIE L. McDONALD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICKIE L. McDONALD</b>	
STREET ADDRESS	<b>3563 N.W. 53RD ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Th. M. McD. PRES.**      DATE **1/24/2004**      DAYTIME PHONE # **954-739-0400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR