

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91056 018 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000117863**

1. Entity Name  
**TUCANAE GALLERY; CORP.**



Principal Place of Business  
**2355 BISCAYNE BAY DRIVE  
NORTH MIAMI, FL 33181**

Mailing Address  
**2355 BISCAYNE BAY DRIVE  
NORTH MIAMI, FL 33181**

**66424911**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222004

Chg-P

CR2E034 (10/03)

4. FEI Number

**522405848**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESTARELLA, MARIA C  
2355 BISCAYNE BAY DRIVE  
NORTH MIAMI, FL 33181**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PTD  
ESTARELLA, MARIA C  
2355 BISCAYNE BAY DRIVE  
NORTH MIAMI, FL 33181**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VSD  
RUIZ, ORLANDO  
2355 BISCAYNE BAY DRIVE  
NORTH MIAMI, FL 33181**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP  
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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:

*Maria C. Estarella*

**MARIA C. ESTARELLA  
PRESIDENT**

**03/19/04 (305) 325-8787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #