


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90110 023 ***150.00

DOCUMENT # P04000103087					
1. Entity Name GALPLAZA, INC.					
Principal Place of Business 333 TAMiami TRAIL SOUTH SUITE 101 - THE TANDEM CENTER VENICE, FL 34285 US			Mailing Address 333 TAMiami TRAIL SOUTH SUITE 101 - THE TANDEM CENTER VENICE, FL 34285 US		
2. Principal Place of Business - No P.O. Box # 333 South Tamiami Trail		3. Mailing Address 333 South Tamiami Trail			
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203			
City & State Venice, FL		City & State Venice, FL		4. FEI Number 56-2469384	
Zip 34285		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, MICHAEL W 333 TAMiami TRAIL SOUTH SUITE 101 - THE TANDEM CENTER VENICE, FL 34285			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			333 South Tamiami Trail, Suite 203		
			City Venice		FL
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 5/1/08		
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, MICHAEL W		NAME	333 South Tamiami Trail, Suite 203	
STREET ADDRESS	333 TAMiami TRAIL SOUTH - SUITE 101		STREET ADDRESS	Venice, FL 34285	
CITY-ST-ZIP	VENICE, FL 34285		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		
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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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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 exemptions contained in Chapter 119, 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: _____			Date 5/1/08 Daytime Phone # 941 441 1651		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					