


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90004 001 *****8.75
 06-08-2006 90004 002 ***550.00

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| DOCUMENT # P05000021589 | |  | |
| 1. Entity Name GALERIAS CUBANAS, INC. | | Principal Place of Business 9129 SW 157TH CT. MIAMI, FL 33196 | |
| Mailing Address 9129 SW 157TH CT. MIAMI, FL 33196 | | 2. Principal Place of Business <i>7288 S.W 40 Street</i> | |
| 3. Mailing Address <i>7288 S.W 40 Street</i> | | Suite, Apt. #, etc. | |
| City & State <i>Miami - FL</i> | | City & State <i>Miami - FL</i> | |
| Zip <i>33155</i> | Country | Zip <i>33155</i> | Country |
| 4. FEI Number <i>030954795</i> | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | 7. Name and Address of New Registered Agent Name <i>APRIL GARCIA</i> Street Address (P.O. Box Number is Not Acceptable) <i>6191 S.W 90 COURT</i> City <i>Miami</i> FL Zip Code <i>33173</i> | |
| 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 <i>April Garcia</i> | | APRIL GARCIA | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| DATE <i>5-31-06</i> | | DATE | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD GARCIA, APRIL 9129 SW 157TH CT. MIAMI, FL 33196 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6191 S.W. 90 COURT</i> <i>Miami - FL 33173</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>April Garcia</i> | | <i>5-31-06</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |