

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000096505

Entity Name: GALA PRODUCTS, INC.

FILED
May 15, 2009
Secretary of State

Current Principal Place of Business:

5441 NW 159TH STREET
MIAMI GARDENS, FL 33014

New Principal Place of Business:

5441 NW 159TH STREET
MIAMI GARDENS, FL 33014 US

Current Mailing Address:

PO BOX 557243
MIAMI, FL 33255

New Mailing Address:

PO BOX 557243
MIAMI, FL 33255 US

FEI Number: 26-3617899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CMS INTERNATIONAL ENTERPRISES, INC.
550 BILTMORE WAY,
SUITE 200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARAY, LAUTARO
Address: 5441 NW 159 ST
City-St-Zip: MIAMI GARDENS, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARAY, LAUTARO
Address: 5441 NW 159 ST
City-St-Zip: MIAMI GARDENS, FL 33014 US

Title: VP () Change (X) Addition
Name: MIGUEL, ACOSTA
Address: 5441 NW 159 ST
City-St-Zip: MIAMI GARDENS, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUTARO GARAY

P

05/15/2009

Electronic Signature of Signing Officer or Director

Date