

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000096505

Entity Name: GALA PRODUCTS, INC.

**FILED**  
**Aug 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5441 NW 159TH STREET  
MIAMI GARDENS, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 557243  
MIAMI, FL 33255 US

**New Mailing Address:**

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  
Name: RIOS, HECTOR  
Address: 5441 NW 159 ST  
City-St-Zip: MIAMI GARDENS, FL 33014 US

Title: VP  
Name: CASTELLON, MARITZA  
Address: 5441 NW 159 ST  
City-St-Zip: MIAMI GARDENS, FL 33014 US

I hereby 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 all other like empowered.

SIGNATURE: HECTOR RIOS

P

08/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date