


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000003770	
1. Entity Name LEXSTAR (GALLERIA), INC.	

Principal Place of Business 6001 BROKEN SOUND PKY NW SUITE 418 BOCA RATON, FL 33487 US	Mailing Address 6001 BROKEN SOUND PKY NW SUITE 418 BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0407112	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXSTAR U.S.A. CORP.
6001 BROKEN SOUND PARKWAY, N.W., SUITE 418
BOCA RATON, FL 33487

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BLANCHARD, JEAN C/RODRIGUEZ MARIN, 92 28016 MADRID, SP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/26/07-80105-015 150.00

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:  **SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/12/07** **561-994-5954** **Date** **Daytime Phone #**