


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90054 035 \*\*\*150.00

<b>DOCUMENT # P93000003770</b> 1. Entity Name <b>LEXSTAR (GALLERIA), INC.</b>																			
Principal Place of Business <b>6001 BROKEN SOUND PKY NW SUITE 418 BOCA RATON, FL 33487 US</b>		Mailing Address <b>6001 BROKEN SOUND PKY NW SUITE 418 BOCA RATON, FL 33487 US</b>																	
2. Principal Place of Business - No P.O. Box # <b>6001 Broken Sound Pkwy NW</b> Suite, Apt., #, etc. <b>Suite 416</b> City & State <b>Boca Raton FL</b> Zip <b>33487</b> Country <b>U.S.</b>		3. Mailing Address <b>6001 Broken Sound Pkwy NW</b> Suite, Apt., #, etc. <b>Suite 416</b> City & State <b>Boca Raton FL</b> Zip <b>33487</b> Country <b>U.S.</b>																	
4. FEI Number <b>65-0407112</b>		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																	
6. Name and Address of Current Registered Agent <b>LEXSTAR U.S.A. CORP. 6001 BROKEN SOUND PARKWAY, N.W., SUITE 418 BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name <b>Lexstar U.S.A. Corp</b> Street Address (P.O. Box Number is Not Acceptable) <b>6001 Broken Sound Pkwy NW Ste 416</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTD <b>BLANCHARD, JEAN</b> <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>C/RODRIGUEZ MARIN, 92</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>28016 MADRID, SP</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	PTD <b>BLANCHARD, JEAN</b> <input type="checkbox"/> Delete	NAME	<b>C/RODRIGUEZ MARIN, 92</b>	STREET ADDRESS	<b>28016 MADRID, SP</b>	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	PTD <b>BLANCHARD, JEAN</b> <input type="checkbox"/> Delete																		
NAME	<b>C/RODRIGUEZ MARIN, 92</b>																		
STREET ADDRESS	<b>28016 MADRID, SP</b>																		
CITY-ST-ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY-ST-ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY-ST-ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY-ST-ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY-ST-ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY-ST-ZIP																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
CITY-ST-ZIP																			
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																		
NAME																			
STREET ADDRESS																			
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.																			
<b>SIGNATURE:</b> <u><i>JEAN BLANCHARD</i></u> <b>JEAN BLANCHARD</b>		Date <u>01/30/08</u> Daytime Phone # <u>(561) 994 8954</u>																	