


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000024349 1. Entity Name VF GALT OCEAN, INC.						FILED 04 FEB 16 PM 4: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business % BROAD AND CASSEL 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434				Mailing Address % BROAD AND CASSEL 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent POWERS, DAVID J ESQ. % BROAD AND CASSEL 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				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	P D POMERANTZ, ALICE 8600 DECARIE BLVD. STE 200 TOWN OF MT ROYAL, QC <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400028960964 02/18/04--01005--001 **5000.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD GATTINGER, FRANK 8600 DECARIE BLVD. STE 200 TOWN OF MT ROYAL, QC <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TV GATTINGER, FRANKLIN J. 8600 DECARIE BLVD' SUITE 200 MOUNT ROYAL, QC, CANADA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ESPOSITO, RALPH JR 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA, <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AS ESPOSITO, RAPHAEL Jr 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO POMERANTZ, TERRY 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA, <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CEOSD POMERANTZ, TERRY 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMERANTZ, TERRY 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA, <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, without other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				R. Esposito Date: 04.01.29 Daytime Phone #: 514.841-8600			