


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000084550

1. Entity Name
GALIL, INC.



FILED
05 JUL -5 AM 10: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6353 WEST ROGERS CIRCLE STE 1 BOCA RATON, FL 33487	Mailing Address 6353 WEST ROGERS CIRCLE STE 1 BOCA RATON, FL 33487
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07012005 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 65-0618716	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**AVRAHAMI, GADI
6353 W ROGERS CR
STE 1
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AVRAHAMI, GADI 6353 W ROGERS CR STE 1 BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400057476434 07/14/05--01060--002 **158.75
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: GADI AVRAHAMI  6/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GALIL INC. 65-0618716

Additional Information

UNIFORM BUSINESS REPORT

06/29/05

TO: FLORIDA DEPT. OF STATE-DIVISION OF CORPORATIONS

FROM: GALIL, INC.

SUBJECT: UNIFORM BUSINESS REPORT-2005

DEAR SIRs:

ACCORDING TO OUR RECORDS, WE NEVER RECEIVED THE ORIGINAL 2005 UBR. APPARENTLY IT WAS LOST IN THE MAIL. WE ALSO MOVED IN THE PAST YEAR, PLEASE NOTE OUR NEW CORRECT ADDRESS AS FOLLOWS: 3201 SOUTH OCEAN BLVD. #401 HIGHLAND BEACH, FLORIDA 33487.

PLEASE ACCEPT OUR COMPLETED 2005 UBR WITH THE ORIGINAL AMOUNT DUE OF \$150.00. WE THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

VERY TRULY YOURS,

GADI AVRAHAMI, PRESIDENT

