## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

| ANNUAL REPORT                                   |  |                                    |                            | Jan 24, 2005 08:00 A |  |  |
|---|--|------------------------------------|----------------------------|----------------------|--|--|
| 1. Entity Nar                                   | ne   | 91                                 |                            |                      | Secretary of State   |  |
| GALIND  | O AND COMPANY, INC.  |                                    |                            |                      |  |  |
|   | _  |                                    | ·I                         | 1                    | -  |  |
| 106   | S POINTE PKWY  | _7802 KINGS POINTE PKWY<br>106     |                            |                      |  |  |
| ORLANDO, I                                      | FL 32819   | ORLANDO, FL 32819                  |                            |                      | FIZE INTET FRIIT ERRII WARR NARIT NATUR AUTOR AUTOR JURI JURIE INTET JURIE AUTOR AUTOR |  |
|   |  |                                    | ·                          |                      | KE UUK KU KEU KEU KU KU KUL KUL KUL KU KU KA       |  |
|   |  |                                    |                            | 01202005             | No Chg-P CR2E034 (10/03)   |  |
|   | OO NOT WRITE   | IN THIS SPA                        | CE                         |                      |  |  |
|   |  |                                    |                            | <u> </u>             | ¢0.75 Autor 1  |  |
|   | & Name and Address of Covered Par  | Sistema di nont                    |                            | 5. Certificati       | e of Status Desired Fee Required   |  |
|   | Secretary of State AND COMPANY, INC.  of Business OINTE PKWY 7802 KINSS POINTE PKWY 106 ORLANDO, FL 32819  O NOT WRITE IN THIS SPACE  10202005 No ChgP CR2E034 (10/03)  4. FEI Number 65-0028098 A Applicable for 1910 Applicable for 1910 Applicable in THIS SPACE  10202005 No ChgP CR2E034 (10/03)  4. FEI Number 65-0028098 A Applicable for 1910 Applicable in This Space Applicable in THIS SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  Samed entity submits this statement for the purpose of changing its registered office or registered aport, or both, in the State of Forida. I am familiar with, and accept was of registered aport.  Secretary of State  10202005 No ChgP CR2E034 (10/03)  4. FEI Number 65-0028098  DO NOT WRITE IN THIS SPACE  Samed entity submits this statement for the purpose of changing its registered office or registered aport, or both, in the State of Forida. I am familiar with, and accept was of registered aport.  Secretary of State  10202005 No ChgP CR2E034 (10/03)  4. FEI Number 65-0028098  DO NOT WRITE IN THIS SPACE  Sequence aport with the state of Forida. I am familiar with, and accept was of registered aport with the Projectable Office or registered aport aport and was recommended.  Secretary of State 10202005 No ChgP CR2E034 (10/03)  4. FEI Number 65-0028098  DO NOT WRITE IN THIS SPACE  Sequence aport with the State of Forida. I am familiar with, and accept was of registered aport with the Projectable Office or registered aport aport are state of Forida. I am familiar with, and accept was of registered aport.  Secretary of State 10202005 No ChgP CR2E034 (10/03)  4. FEI Number 65-0028098  S. Certificate of Status Desired 10202005  S. |                                    |                            |                      |  |  |
| GALINDO, MARCO A<br>9852 BAY VISTA ESTÁTES BLVD |  |                                    |                            | DO                   | NOT WRITE  |  |
| ORLANDO   | O, FL 32836  |                                    |                            | IN.                  | THIS SPACE   |  |
|   |  |                                    |                            |                      |  |  |
|   |  | e purpose of changing its register | ed office or register      | ed agent, or b       | oth, in the State of Florida. I am familiar with, and accept                           |  |
| SIGNATURE.                                      |  | e.                                 |                            |                      |  |  |
| 3IGNATORE.                                      | Signature, typed or printed name of registered agent and t   | itle if applicable (NOTE Registers | d Agent signature required | when reinstating)    | DATE   |  |
|   | E NOW!!! FEE IS \$150.00<br>lay 1, 2005 Fee will be \$550.00   |                                    |                            |                      |  |  |
| 10.   |  | RECTORS                            |                            |                      |  |  |
| TITLE<br>NAME                                   | GALINDO, MARCO   |                                    |                            |                      | U00000192111   |  |
| STREET ADDRESS<br>CITY-ST-ZIP                   | 9852 BAY VISTA ESTATES BLVD<br>ORLANDO, FL 32836   |                                    | <u> </u>                   | _                    | 01/25/05~80005~020 130.00  |  |
| TITLE   | V CHANGE   |                                    |                            |                      |  |  |
| NAME<br>STREET ADDRESS                          | 8300 ELM PÄRK DR ST 732  |                                    |                            |                      |  |  |
| CITY-ST-ZIP<br>TITLE                            | ORLANDO, FL 32821  |                                    | <u> </u> -                 |                      | <del></del>  |  |
| NAME  | GUARDERÁS, MARIA L   |                                    | 1                          |                      |  |  |
| STREET ADDRESS<br>CITY - ST - ZIP               | ORLANDO, FL 32836  |                                    |                            | _ DO                 | NOT WRITE  |  |
| TITLE   |  |                                    |                            | IN                   | THIS SPACE   |  |
| NAME<br>STREET ADDRESS                          |  |                                    | j                          |                      |  |  |
| CITY-ST ZIP                                     |  |                                    | <del>-</del>               | <del>.</del>         | =  |  |
| NAME  |  |                                    |                            |                      |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP                   |  |                                    |                            |                      |  |  |
| TITLE<br>NAME                                   |  |                                    | 1                          |                      |  |  |
| STREET ADDRESS                                  |  |                                    |                            |                      |  |  |

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 sustee 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date