2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90232 005 ***150.00

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04232004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000085428

1. Entity Name
GALYCHYNA INC.

Principal Place of Business	Mailing Address
6365 41ST AVE N SAINT PETERSBURG, FL 33709	6365 41ST AVE N SAINT PETERSBURG, FL 33709

2. Principal Place of Business	3. Mailing Address
5562 BAY PINES LAKES BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc. ← SAME
City & State: ST. PETERSBURG, FL	City & State
Zip: 33708 / Country	Zip / Country

4. FEI Number: 59-3535310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PASEK, MICHAEL D
6365 41ST AVENUE N.
SAINT PETERSBURG, FL 33709

7. Name and Address of New Registered Agent

Name: VASIL DOROSH
Street Address (P.O. Box Number is Not Acceptable): 5562 BAY PINES LAKES BLVD
City: ST. PETERSBURG FL Zip Code: 33708

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: [signature] VASIL DOROSH REG. AGENT DATE: 4/24/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 DOROSH, VASIL 6365 41ST AVE N SAINT PETERSBURG, FL 33709	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 5562 BAY PINES LAKES BLVD ST. PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] VASIL DOROSH PRES. 4/24/04 727-776-2246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #