2006 FOR PROFIT CORPORATION

May 01, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000086104 GALIANO CAFETERIA CORPORATION Principal Place of Business Mailing Address 2432 N.W. 27TH AVENUE 2432 N.W. 27TH AVENUE MIAMI, FL 33142 MIAMI, FL 33142 02222006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0868919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 5. Name and Address of Current Registered Agent DAVILA, FRANCISCO DO NOT WRITE 2432 N.W. 27TH AVENUE MIAMI, FL 33142 IN THIS SPACE 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, typed or printed name of registered agent and itself applicable. tNOTE: Registered Agent signature required when reinstatival DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PVTD TITLE DAVILA, FRANCISCO NAME STREET ADDRESS 2432 N.W. 27 AVENUE CTTY-ST-ZIP MIAMI, FL 33142 U00000543957 05/11/06-80015-025 150.00 DAVILA, MARIA NAME STREET ADDRESS 11268 N.W. 6TH STREET CITY-ST-28 MIAMI, FL 33172 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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, Fforida 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 601. 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

COOCLE GNING OFFICER OR DIRECTOR

FILED