


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90400 001 ***150.00
06-04-2007 90400 002 ***400.00

DOCUMENT # P98000097184					
1. Entity Name GALLEON BEACH CORPORATION					
Principal Place of Business 8925 COLLINS AVENUE 8-A SURFSIDE, FL 33154			Mailing Address 8925 COLLINS AVE 8A SURFSIDE, FL 33154		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0879562	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROUSSO, MARK E 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PVST MAZZEA, JAVIER 8925 COLLINS AVENUE, APT. 8A SURFSIDE, FL 33154	<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	D MAZZEA, JAVIER 8925 COLLINS AVENUE, APT. 8A SURFSIDE, FL 33154	<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	VD MAZZEA, PABLO E 8925 COLLINS AVENUE, APT. 8A AVENTURA, FL 33154	<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	VD MAZZEA, GUSTAVO A 8925 COLLINS AVE., APT. 8 "A" SURFSIDE, FL 33157	<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	VD MAZZEA, JAVIER ALBERTO 8925 COLLINS AVE., APT. 8 "A" SURFSIDE, FL 33157	<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 exemptions contained in Chapter 119, 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: <u>Jan Mazzea</u>			Date: <u>4-13-07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



02192007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0879562 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

TITLE	NAME	Delete
	PVST MAZZEA, JAVIER 8925 COLLINS AVENUE, APT. 8A SURFSIDE, FL 33154	<input type="checkbox"/>
	D MAZZEA, JAVIER 8925 COLLINS AVENUE, APT. 8A SURFSIDE, FL 33154	<input type="checkbox"/>
	VD MAZZEA, PABLO E 8925 COLLINS AVENUE, APT. 8A AVENTURA, FL 33154	<input type="checkbox"/>
	VD MAZZEA, GUSTAVO A 8925 COLLINS AVE., APT. 8 "A" SURFSIDE, FL 33157	<input type="checkbox"/>
	VD MAZZEA, JAVIER ALBERTO 8925 COLLINS AVE., APT. 8 "A" SURFSIDE, FL 33157	<input type="checkbox"/>
		<input type="checkbox"/>

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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SIGNATURE: Jan Mazzea Date: 4-13-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR