

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90026 026 ***158.75

DOCUMENT # P99000027432

1. Entity Name

GALLERIA PORTOFINO, INC.



Principal Place of Business

671 WEST FRONT STREET #220
CELEBRATION FL 34747

Mailing Address

671 WEST FRONT STREET #220
CELEBRATION FL 34747

2. Principal Place of Business

170 Sunport Lane
Suite, Apt. #, etc.
900

3. Mailing Address

170 Sunport Lane
Suite, Apt. #, etc.
900

City & State

Orlando FL

City & State

Orlando FL

Zip

32809

Country

Zip

32809

Country

4. FEI Number

59-3567727

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, OCTAVIO
671 WEST FRONT STREET
SUITE 220
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name

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

170 Sunport Lane, Suite 900

City

Orlando

FL

Zip Code

32809

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GOMEZ, OCTAVIO
STREET ADDRESS 617 W FRONT STREET STE 220
CITY-ST-ZIP CELEBRATION FL 34747

TITLE V ☐ Delete
NAME STUART, LARRY
STREET ADDRESS 671 W FRONT STREET STE 220
CITY-ST-ZIP CELEBRATION FL 34747

TITLE T ☐ Delete
NAME GRAY, DAVID E
STREET ADDRESS 671 W FRONT STREET STE 220
CITY-ST-ZIP CELEBRATION FL 34747

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 170 Sunport Lane, Suite 900
CITY-ST-ZIP Orlando FL 32809

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Address change above
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Address change above
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/05