

ANNUAL REPORT

Jan

DOCUMENT # P99000027432 1. Entity Name GALLERIA PORTOFINO, INC.		
Principal Place of Business 170 SUNPORT LANE #900 ORLANDO, FL 32809	Mailing Address 170 SUNPORT LANE #900 ORLANDO, FL 32809	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-3567727		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GOMEZ, OCTAVIO 170 SUNPORT LANE SUITE 900 ORLANDO, FL 32809		
DO NOT WRITE 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, OCTAVIO 170 SUNPORT LANE, SUITE 900 ORLANDO, FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STUART, LARRY 170 SUNPORT LANE, SUITE 900 ORLANDO, FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, DAVID E 170 SUNPORT LANE, SUITE 900 ORLANDO, FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE 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, 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:		Date: 1/16/06 Daytime Phone: 407-240-6150

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02/09/06-80027-018 158.75

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RANDALL, TERRI L 24234 PIRATE HARBOR BLVD. PUNTA GORDA, FL 33955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
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SIGNATURE:		Date: 1/27/06 Daytime Phone: 888-6274