

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2004 08:00 AM Secretary of State

DOCUMENT # P99000062036 1. Entity Name GALEVE ENTERPRISES, INC.



Principal Place of Business C/O ELIAHU GUTKIND 202 NW 2ND ST. HALLANDALE, FL 33009

Mailing Address C/O ELIAHU GUTKIND 202 NW 2ND ST. HALLANDALE, FL 33009



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0940120 Applied For Not Applicable

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

8. Name and Address of Current Registered Agent

GUTKIND, ELIAHU 202 NW 2ND ST. HALLANDALE, FL 33009

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 state's application. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00 Due by September 3, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D, GUTKIND, ELIAHU, C/O ELIAHU GUTKIND, HALLANDALE, FL 33009.

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE: [Signature] Date: Jul-27-04 Daytime Phone #