

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062036

FILED
Apr 29, 2009
Secretary of State

Entity Name: GALEVE ENTERPRISES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O ELIAHU GUTKIND
13851 NW 27TH AVE.
OPA LOCKA, FL 33054

Current Mailing Address:

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

New Mailing Address:

C/O ELIAHU GUTKIND
OPA LOCKA, FL 33054

FEI Number: 65-0940120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GUTKIND, ELIAHU
13851 NW 27TH AVE.
OPA LOCKA, FL 33054 US

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.

SIGNATURE: HAIM GUTKIND

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUTKIND, ELIAHU
Address: C/O ELIAHU GUTKIND
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUTKIND, ELIAHU
Address: C/O ELIAHU GUTKIND
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAIM GUTKIND

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date