


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000095325
 1. Entity Name
 G.A.L. TITLE SERVICES, INC.



Principal Place of Business: 501 BRICKELL KEY DRIVE STE #300 MIAMI, FL 33131
 Mailing Address: 501 BRICKELL KEY DRIVE STE #300 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0965307 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVINSON, GARY A
 660 GRAND CONCOURSE DRIVE
 MIAMI SHORES, FL 33138

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEVINSON, GARY A 660 GRAND CONCOURSE DRIVE MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEVINSON, GRATHENA 660 GRAND CONCOURSE DRIVE MIAMI SHORES, FL 33138
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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)(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: Gary A. Levinson Date: 3/21/05 (305) 374-3471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #