

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

908-8000  
**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S55552**

1. Entity Name  
**GALBEN GROUP, INC.**



Principal Place of Business

**2600 SW 3RD AVE  
STE 850  
MIAMI, FL 33129**

Mailing Address

**2600 SW 3RD AVE  
STE 850  
MIAMI, FL 33129**



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0270532**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PINO, RAUL F  
2440 CAROL WAY  
MIAMI, FL 33145**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000072726  
03/02/04-80006-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	GOMEZ, PABLO F
STREET ADDRESS	2600 SW 3RD AVE STE 850
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	PD
NAME	GOMEZ, PABLO F
STREET ADDRESS	2600 SW 3RD AVE STE 850
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	TD
NAME	CARRILLO, CARLOS L
STREET ADDRESS	2600 SW 3RD AVE STE 850
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	ORDINOLA, MARIA G
STREET ADDRESS	2600 SW 3RD AVE STE 850
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #