


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # S55552 1. Entity Name GALBEN GROUP, INC.	
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Principal Place of Business 2600 SW 3RD AVE STE 850 MIAMI, FL 33129	Mailing Address 2600 SW 3RD AVE STE 850 MIAMI, FL 33129
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02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0270532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000305508 04/14/05-80088-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMEZ, PABLO F 2600 SW 3RD AVE STE 850 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, PABLO F 2600 SW 3RD AVE STE 850 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARRILLO, CARLOS L 2600 SW 3RD AVE STE 850 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORDINOLA, MARIA G 2600 SW 3RD AVE STE 850 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 19.07(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, title or other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	305-856-7324 04/10/05 <small>Daytime Phone #</small>
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