2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S55552

1. Entity Name
GALBEN GROUP, INC.

Principal Place of Business	Mailing Address
2600 SW 3RD AVE STE 850 MIAMI, FL 33129	2600 SW 3RD AVE STE 850 MIAMI, FL 33129

03172006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000556191
05/16/06-80063-001 150.00

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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ PRESIDENT 04/05/06 305 856 8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #