


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 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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04232008 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMKE REGISTERED AGENTS, L.L.C. ONE S.E. THIRD AVENUE SUITE 2250 MIAMI, FL 33131

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000943600 05/29/08-80064-023 150.00
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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 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: 	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		