05-03-04 11:38 FROM-ACCOUNTING OFFICE +9549589288

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90481 027 ***550.00

DOCUMENT # S98924

1. Entity Name
GALIN, INC.

Principal Place of Business
~~1271 SKYPARK DRIVE~~
~~FORT LAUDERDALE, FL 33327~~ US

Mailing Address
~~1271 SKYPARK DR~~
~~WESTON, FL 33327-2300~~ US

7710 BANYAN TERR TAMARAC, FL 33321-2625 [redacted]
Tamarac

05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0298917
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHER, VICTOR
~~1271 SKYLARK DRIVE~~
~~WESTON, FL 33327~~
7710 BANYAN TERR
Tamarac,
FL 33321-2625

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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 Victor Sher Victor Sher 5/3/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHER, VICTOR
STREET ADDRESS	~~1271 SKYLARK DRIVE~~ 7710 Banyan Terr
CITY-ST-ZIP	~~WESTON, FL 33327~~ Tamarac FL 33321-2625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: Victor Sher 5/3/04 (954)-726-3723
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR Date Daytime Phone #
(954)-296-0904

2nd application