


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000006033			
1. Entity Name R.M. GALICIA, INC.			
Principal Place of Business 1521 WEST CAMERON AVE., FIRST FLOOR WEST COVINA, FL 91790		Mailing Address 1521 WEST CAMERON AVE., FIRST FLOOR WEST COVINA, FL 91790	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 is required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOB	TITLE	
NAME	GALICIA, RODOLFO	NAME	
STREET ADDRESS	3122 DOLONITA	STREET ADDRESS	
CITY-ST-ZIP	HACIENDA HEIGHTS, CA 91745	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	TITLE	
NAME	BANTA, TIMOTHY	NAME	
STREET ADDRESS	7 MEADOW RIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PHILLIPS RANCH, CA 91766	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SO	TITLE	
NAME	GUTIERREZ, WILLIAM	NAME	
STREET ADDRESS	2895 TEAL ST.	STREET ADDRESS	
CITY-ST-ZIP	LA VERNE, CA 91750	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>William Gutierrez</i>		Date: 1-27-06	Daytime Phone #: 8002587482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



01162006 Chg-P CR2E034 (11/05)

4. FEI Number 95-3901427 Applied For Not Applicable

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

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 02/02/06-80065-001 158.75