


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P04000158279
 1. Entity Name
 LI GALLO INVESTMENT, INC.



Principal Place of Business 7220 NW. 36 STREET SUITE 510 MIAMI, FL 33166	Mailing Address 7220 NW. 36 STREET SUITE 510 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



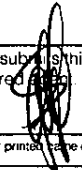
04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0886820	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
 GALLO, LUIS F
 7220 NW. 36 STREET
 SUITE 510
 MIAMI, FL 33166

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8. The above named entity subscribes 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:  REGISTERED AGENT LUIS F GALLO 04/17/07
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, 2007 Fee will be \$550.00

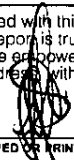
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLO, LUIS F 7220 NW. 36 STREET SUITE 510 MIAMI, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLO, IVON 7220 NW. 36 STREET SUITE 510 MIAMI, FL 33166
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 05/02/07-80007-013 150.00

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:  LUIS F. GALLO 04/17/07 305-5130101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #