
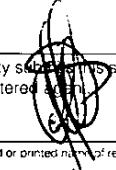
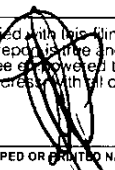


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90011 035 \*\*\*150.00

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	
2. Principal Place of Business - No P.O. Box # 7220 NW 36 Street		3. Mailing Address 7220 NW 36 Street	
Suite, Apt. #, etc. 315		Suite, Apt. #, etc. 315	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country USA	Zip 33166	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALLO, LUIS F 7220 NW. 36 STREET SUITE 510 MIAMI, FL 33166		Name GALLO LUIS F Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36 Street Suite 315 City MIAMI FL Zip Code 33166	
8. The above named entity shall be responsible 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:  LUIS GALLO REGISTERED AGENT		DATE: 04/21/08	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	P GALLO, LUIS F 7220 NW. 36 STREET SUITE 510 MIAMI, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLO, IVON 7220 NW. 36 STREET SUITE 510 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  PRESIDENT		DATE: 04/21/08 305-5130101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	