


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90061 016 ***158.75

DOCUMENT # P05000154544

1. Entity Name
GALLARDO CONTRACTOR SERVICES, INC



Principal Place of Business 182 SEABREEZE CIR KISSIMMEE, FL 34741 US	Mailing Address 182 SEABREEZE CIR KISSIMMEE, FL 34743 US
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60017335



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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02062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

ALL ABOUT FINANCE AND MORE, LLC
1633 E. VINE ST
SUITE 216
KISSIMMEE, FL 34744

4. FEI Number
20-3821763

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

Applied For Not Applicable

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 VELEZ, MARIA T 182 SEABREEZE CIR KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLARDO, ANDRES 182 SEABREEZE CIR KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maria T Velez* **2-14-06** **407-319-2322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #