2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007604

Entity Name: INVERSIONES GAL, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
3045 NORTH FEDERAL HIGHWAY 14-16 FT. LAUDERDALE, FL 333061431 US	2344 NE 12 STREET SUITE 6 POMPANO BEACH, FL 330623734 US

Current Mailing Address:	**New Mailing Address:**
2344 N E 12TH STREET 6 POMPANO BEACH, FL 33062	2344 N E 12TH STREET SUITE 6 POMPANO BEACH, FL 330623734 US

FEI Number: 77-0594532   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
TOVAR, ILEANA ARIAS ESQ 1725 MAIN ST., STE. 205 WESTON, FL 33326 US	

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.

SIGNATURE: _____

        Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	LUCCHESE, GAETANO	Name:	LUCCHESE, GAETANO
Address:	2344 N E 12TH STREET	Address:	2344 N E 12TH STREET
City-St-Zip:	POMPANO BEACH, FL 33062 US	City-St-Zip:	POMPANO BEACH, FL 330623734 US
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	DESARIO, ANTONELLA	Name:	DESARIO, ANTONELLA
Address:	2344 N E 12TH STREET	Address:	2344 N E 12TH STREET
City-St-Zip:	POMPANO, FL 33062 US	City-St-Zip:	POMPANO, FL 330623734 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GENE CICARELLI   MGR   01/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date