

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011357

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: GALOFRE.NET STUDIOS, LLC

## Current Principal Place of Business:

10983 SW 4 STREET  
SUITE #1  
MIAMI, FL 33174 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4543  
TUALATIN, OR 97062 US

## New Mailing Address:

FEI Number: 57-1157353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALOFRE, ROBERT O  
10983 SW 4 STREET  
SUITE #1  
MIAMI, FL 33174 US

## Name and Address of New Registered Agent:

YANET SANCHEZ-GALOFRE, YANET  
10983 SW 4 STREET  
SUITE #1  
MIAMI, FL 33174 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: YANET SANCHEZ-GALOFRE

02/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GALOFRE, ROBERT O  
Address: PO BOX 4543  
City-St-Zip: TUALATIN, OR 97062 US

Title: MGR (X) Delete  
Name: SANCHEZ-GALOFRE, YANET  
Address: PO BOX 4543  
City-St-Zip: TUALATIN, OR 97062 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: YANET SANCHEZ-GALOFRE, YANET O  
Address: PO BOX 4543  
City-St-Zip: TUALATIN, OR 97062 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: YANET SANCHEZ-GALOFRE

P

02/26/2009

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