2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037625

Entity Name: GALINDO & HAAS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1241 N. DIXIE HIGHWAY BAY 11 POMPANO BEACH, FL 33060	6884 W SAMPLE ROAD CORAL SPRINGS, FL 33067 US

Current Mailing Address:	**New Mailing Address:**
1241 N. DIXIE HIGHWAY BAY 11 POMPANO BEACH, FL 33060	6884 W SAMPLE ROAD CORAL SPRINGS, FL 33067

FEI Number: 14-1927237   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:**
JACOBSON, DANIEL A ESQ. 901 S. FEDERAL HIGHWAY 201 FORT LAUDERDALE, FL 33316 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:	HAAS, GUSTAVO	Name:	HAAS, GUSTAVO
Address:	1241 N. DIXIE HIGHWAY, BAY #11	Address:	6884 W SAMPLE ROAD
City-St-Zip:	POMPANO BEACH, FL 33060	City-St-Zip:	CORAL SPRINGS, FL 33067

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	GALINDO, JUAN CARLOS	Name:	GALINDO, JUAN CARLOS
Address:	1241 N. DIXIE HIGHWAY, BAY #11	Address:	6884 SAMPLE ROAD
City-St-Zip:	POMPANO BEACH, FL 33060	City-St-Zip:	CORAL SPRINGS, FL 33067

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: GUSTAVO HAAS   MGMR   04/30/2007
_____
      Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date