

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L07354

1. Entity Name
GALFO CONTRACTORS CORP.



Principal Place of Business
**1150 NW 72ND AVENUE
PH2
MIAMI, FL 33143 US**

Mailing Address
**1150 NW 72ND AVENUE
PH2
MIAMI, FL 33143 US**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0149400

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRODIE, SIDNEY Z
7270 NW 12TH ST
PH-1
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	VP
NAME	ALFONSO, GABRIEL
STREET ADDRESS	1150 NW 72ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	S
NAME	AMBROGI, OCTAVIO
STREET ADDRESS	5357 W. 24TH CT
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	P
NAME	ALEJANDRO, CAPO
STREET ADDRESS	5025 COLLINS AVE. 10TH FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000536547
05/09/06-80099-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2006

Date

305-51305

Daytime Phone #