

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

U000000720163  
05/01/07-80093-018 150.00

**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 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #