

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L07354

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: GALFO CONTRACTORS CORP.

## Current Principal Place of Business:

1150 NW 72ND AVENUE  
PH2  
MIAMI, FL 33143 US

## New Principal Place of Business:

## Current Mailing Address:

1150 NW 72ND AVENUE  
PH2  
MIAMI, FL 33143 US

## New Mailing Address:

FEI Number: 65-0149400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BRODIE, SIDNEY Z  
1150 N W 72 AVE  
PH-2  
MIAMI, FL 33126 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:

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: ALFONSO, GABRIEL  
Address: 1150 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33143 US

Title: S ( ) Delete  
Name: AMBROGI, OCTAVIO  
Address: 5357 W. 24TH CT  
City-St-Zip: HIALEAH, FL 33016

Title: P ( ) Delete  
Name: ALEJANDRO, CAPO  
Address: 5025 COLLINS AVE. 10TH FLOOR  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OCTAVIO AMBROGI

S

04/18/2009

Electronic Signature of Signing Officer or Director

Date