

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90015 013 ***150.00

DOCUMENT # L55091

1. Entity Name-

GALVAN CONSTRUCTION, INC.



Principal Place of Business

**8295 SW 115 ST
MIAMI FL 33156
US**

Mailing Address

**8295 SW 115 ST
MIAMI FL 33156
US**



2. Principal Place of Business - No P.O. Box #

11400 SW 92 AVE.

3. Mailing Address

11400 SW 92 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0184540

Applied For

Not Applicable

Zip

33176

Country

DAVE

Zip

33176

Country

DAVE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GALVAN, CARLOS A
8295 SW 115 STREET
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **GALVAN, CARLOS A.**

Street Address (P.O. Box Number is Not Acceptable)

11400 S.W. 92 AVE.

City

MIAMI

FL

Zip Code

33176

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 submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **GALVAN, CARLOS A.**
STREET ADDRESS **8295 SW 115 STREET**
CITY-STATE-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition
NAME **GALVAN, CARLOS A.**
STREET ADDRESS **11400 SW 92 AVE.**
CITY-STATE-ZIP **MIAMI, FL. 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS A. GALVAN
PRESIDENT**

3/31/08

305.252.7985

Date

Daytime Phone #