


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P02000079159 1. Entity Name GALLOS PAINTING INC. |  |
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| Principal Place of Business 6808 SW 105 CT MIAMI, FL 33173 | Mailing Address 6808 SW 105 CT MIAMI, FL 33173 |
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

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|------------------------------------|-------------------------------|
| 4. FEI Number 20-0000184 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

**LOPEZ GALLOS, VICTOR HUGO
6808 SW 105 CT
MIAMI, FL 33173**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U000000588369
01/17/07-80071-003 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOPEZ GALLOS, VICTOR HUGO 6808 SW 105 CT MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CARVAJAL, JOSE A 5924 S.W. 4TH STREET MIAMI, FL 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DE LA FUENTE, ROLANDO A 4284 S.W. 97TH COURT MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  Date: 01/07/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #