## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000095034

Entity Name: ALLGALLERIES CORPORATION

1330 WEST AVENUE #1010

MIAMI BEACH, FL 33139

Address:

City-St-Zip:

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ST AVENUE			
1010 MIAMI BEA	ACH, FL 33139			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	ST AVENUE			
1010 MIAMI BEA	ACH, FL 33139			
FEI Number	: FEI Number Applied For	( ) FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and	l Address of Current Registered Age	ent: Name and Address o	f New Registered Agent:	
900 WEŚ1	MARISA M ΓAVENUE #1021 ACH, FL 33139 US			
	e named entity submits this statement fo e of Florida.	or the purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Register	red Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution (	).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P ( ) Delete TEJERA, MARISA M 1330 WEST AVENUE #1010 MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete TEJERA, MARIE E 1330 WEST AVENUE #1010 MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete TEJERA, CAROLINA 1330 WEST AVENUE #1010 MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Delete	Title:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARISA TEJERA P 02/18/2009