## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P02000099457

GALMOR REAL ESTATE INVESTMENTS, INC.



## **FILED** Mar 02, 2007 8:00 am Secretary of State

03-02-2007 90009 001 \*\*\*150.00

					- CONT.	·				
Principal Plac	e of Busines	s	Mailing Address	.,						
16299 BISCAYNE BLVD 1 NORTH MIAMI BEACH, FL 33160 S		SUITE 200	16299 BISCAYNE BLVD			027500 	III EEIID IEIID II	IIII TIDDI PINI K		
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E	34 (12/06)	
City & Stat	е	· · · · · · · · · · · · · · · · · · ·	City & State			4. FEI Num 42-15	ber 52481		<b> </b>	pplied For ot Applicable
Zip		Country	Zip	Cour	itry .		te of Status Desired		\$8.75 Ad Fee Require	ditional
	6. Name	and Address of Current I	Registered Agent	·	I :	7. Name ar	nd Address of New F	Registered .	Agent	
CASTILLO	B., ALVA	.RO			Name					
SUITE 200	Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of Curre  ASTILLO B., ALVARO 390 BRICKELL AVENUE UITE 200 IIIAMI, FL 33131  The above named entity submits this statementhe obligations of registered agent.  GNATURE  Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$55.  D. OFFICERS ANDRESS PAST OF THE BLVD NORTH MIAMI BEACH, FL 33.  LE DPS MORENO, MARCELO 16299 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33.  LE MEET ADDRESS Y-ST-ZIP NORTH MIAMI BEACH, FL 33.  LE MEET ADDRESS Y-ST-ZIP NORTH MIAMI BEACH, FL 33.  LE MEET ADDRESS Y-ST-ZIP LE MEET A	ENUE			Street Addr	ress (P.O. Box Num	ber is Not Acceptable	e) 		
MIAMI, FL	33131				City				Zip Cod	ie
					'			FL	<b>-</b>   `	
the obligat	named entit ions of regis	y submits this statement for tered agent.	the purpose of changing its	register	ed office or req	gistered agent, or b	ooth, in the State of Fl	orida. I am	familiar with	, and accept
SIGNATURE_	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signature re	equired when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITION:	S/CHANGES TO OFF	ICERS AND	DIRECTOF	RS IN 11
TITLE	DVP		☐ Delete	TITL	E				☐ Change	Addition
NAME	GALVAN	GERMAN		NAM	KE					
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	1	MAMI BEACH, FL 3316	0	CITY	/-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	Addition
NAME				NAM	_					
	1		n		EET ADDRESS '-ST-ZIP					
	NORTH	MANUELACIT, FE 3310								
TITLE NAME			☐ Delete	TITL	<b>I</b>				☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				CITY	/-ST-ZIP					
TITLE			☐ Delete	TITL	E				☐ Change	☐ Addition
NAME				NAM	ME					
STREET ADORESS					EET ADDRESS					
CITY-ST-ZIP				CITY	/-ST-ZIP					
TITLE			☐ Delete	TITL	1				☐ Change	Addition
NAME				NAM	1					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP					
				-	<del></del>				Chance	
TITLE NAME			☐ Delete	TITL	1				☐ Change	Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-7IP					/- ST- 7IP					

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.

SIG	iN/	AT	UR	E
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AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #