2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 19, 2008 8:00 am
Secretary of State
03-31-2008 90041 028 ***150.00

DOCUMENT # P03000080581

1. Entity Name
CGAL CONSULTING, INC.

Principal Place of Business	Mailing Address
477 SEMINOLE WOODS BLVD STE C GENEVA, FL 32732	1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117

66010989

01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0085840
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOGUIDICE, JOE
1515 RIDGEWOOD AVENUE
A
HOLLY HILL, FL 32117

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALLELLI, CHRIS
STREET ADDRESS	477 SEMINOLE WOODS BLVD STE C
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 5/16/08 (518)852-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #