

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108799

FILED
Feb 12, 2009
Secretary of State

Entity Name: GALLOWAY SUNSET ESTATES, INC.

Current Principal Place of Business:

8145 SW 123 AVE
MIAMI, FL 33183 US

New Principal Place of Business:

12300 SW 130 STREET
UNIT#8
MIAMI, FL 33186 US

Current Mailing Address:

8145 SW 123 AVE
MIAMI, FL 33183 US

New Mailing Address:

12300 SW 130 STREET
UNIT#8
MIAMI, FL 33186 US

FEI Number: 20-0447258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, CARLOS G SR.
12480 SW 105 AVE
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, CARLOS G SR.
Address: 120 N.W. 87 AVENUE, F104
City-St-Zip: MIAMI, FL 33173 00

Title: S () Delete
Name: CASTELLON, HECTOR O
Address: 8961 S.W. 108 ST
City-St-Zip: MIAMI, FL 33176 00

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CARLOS G. FERNANDEZ

P

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date