

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109329

FILED
Jun 25, 2007
Secretary of State

Entity Name: A & A GALETTE HOLDINGS INC.

Current Principal Place of Business:

4221 NW 76 AVE
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

4221 NW 76 AVE
DAVIE, FL 33024

New Mailing Address:

FEI Number: 42-1637026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALETTE, AL
4221 NW 76 AVE
DAVIE, FL 33024 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALETTE, AL CEO
Address: 4221 NW 76 AVE
City-St-Zip: DAVIE, FL 33024

Title: V () Delete
Name: GALETTE, ANTOINETTE
Address: 4221 NW 76 AVE
City-St-Zip: DAVIE, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CEO () Change (X) Addition
Name: JUSTICE, EUGENE
Address: 1505 SOUTH KIRKMAN RD.
City-St-Zip: ORLANDO, FL 32811

Title: CFO () Change (X) Addition
Name: BONELLI, KAREEM
Address: 4221 NW 76 AVE
City-St-Zip: DAVIE, FL 33024

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: AL GALETTE

P

06/25/2007

Electronic Signature of Signing Officer or Director

_____ Date