

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90011 035 ***150.00

DOCUMENT # P04000158279

1. Entity Name
LI GALLO INVESTMENT, INC.



Principal Place of Business
7220 NW. 36 STREET
SUITE 510
MIAMI, FL 33166

Mailing Address
7220 NW. 36 STREET
SUITE 510
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #
7220 NW 36 Street

3. Mailing Address
7220 NW 36 Street

Suite, Apt. #, etc.
315

Suite, Apt. #, etc.
315

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33166 USA

Zip Country
33166 USA

04212008 Chg-P CR2E034 (12/06)

4. FEI Number
55-0886820

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GALLO, LUIS F
7220 NW. 36 STREET
SUITE 510
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
GALLO LUIS F
Street Address (P.O. Box Number is Not Acceptable)
7220 NW 36 Street
Suite 315
City MIAMI FL Zip Code 33166

8. The above named entity shall be responsible 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: LUIS GALLO REGISTERED AGENT DATE: 04/21/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

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 P
NAME GALLO, LUIS F ☐ Delete
STREET ADDRESS 7220 NW. 36 STREET SUITE 510
CITY-ST-ZIP MIAMI, FL 33325

TITLE VP
NAME GALLO, IVON ☐ Delete
STREET ADDRESS 7220 NW. 36 STREET SUITE 510
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: PRESIDENT DATE: 04/21/08 DAYTIME PHONE: 305-5130101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #