

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001277

FILED
Mar 12, 2009
Secretary of State

Entity Name: GALAFRE CONSTRUCTION & LAND DESIGN, INC.

Current Principal Place of Business:

9173 NW 146 TR
HIALEAH, FL 33018

New Principal Place of Business:

39690 SW 215 AVE
HOMESTEAD, FL 33033

Current Mailing Address:

9173 NW 146 TR
HIALEAH, FL 33018

New Mailing Address:

FEI Number: 20-2122501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALBAN, ALFREDO
9173 NW 146 TR
HIALEAH, FL 33018 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: GALBAN, ALFREDO
Address: 9173 NW 146 TR.
City-St-Zip: HIALEAH, FL 33018

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALBAN, YENISLEYDIS
Address: 9173 NW 146 TR.
City-St-Zip: MIAMI LAKES, FL 33018

Title: VP () Change (X) Addition
Name: GALBAN, ALFREDO
Address: 9173 NW 146 TR
City-St-Zip: MIAMI LAKES, FL 33018

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: YENISLEYDIS GALBAN

P

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date