2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2007 08:00 A Secretary of State DOCUMENT # P05000045029 GALMO GROUP CLEANING, CORP. Principal Place of Business Mailing Address 9981 NW 129TH TERRACE 9981 NW 129TH TERRACE HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 20-2566013 Not Applicable Ζıp Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASILIO, JOSE D Street Address (P.O. Box Number is Not Acceptable) 250 NW 107TH AVENUE 108 **MIAMI FL 33172** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TOLE ☐ Defete TITLE GALARRETA, JOSE L NAMI NAMI 9981 NW 129TH TERRACE H00000710554 STRUCT ADDRESS STREET ADDRESS 04/25/07-60046-005, 150.00 HIALEAH GARDENS FL 33018 CHY-S1-ZIE CHY+ST-7IP 10111 ☐ Delete ☐ Change ■ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-71P CHY-ST-ZIP Delete Change Addition 11111 IIIIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition Hitt Delete ☐ Change 1000 NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7F CHY-ST-ZIP Delete Change Addition THE ш NAMI NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CHY-S1-7IP THE Change Addition ☐ Delete DIRE NAME NAMI: STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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, withat long other like empowered.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: