



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90041 044 \*\*\*150.00

<b>DOCUMENT # P05000165992</b>					
<b>1. Entity Name</b> GARLYNP, INC.					
<b>Principal Place of Business</b> 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155			<b>Mailing Address</b> 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155		
<b>2. Principal Place of Business - No P.O. Box #</b> 122 55 NW 33 ST		<b>3. Mailing Address</b> 122 55 NW 33 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132008    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> SUNRISE FL		<b>City &amp; State</b> SUNRISE FL		<b>4. FEI Number</b> 20-4027903	
<b>Zip</b> 33323		<b>Country</b> US		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DIAZ, OSVALDO J 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!!-FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PVST <b>NAME</b> PALUMBO, LYNN <b>STREET ADDRESS</b> 7951 SW 40TH STREET #206 <b>CITY-ST-ZIP</b> MIAMI, FL 33155	<input type="checkbox"/> Delete		<b>TITLE</b> PVST D <b>NAME</b> PALUMBO, LYNN <b>STREET ADDRESS</b> 122 55 NW 33 STREET <b>CITY-ST-ZIP</b> SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PALUMBO, LYNN <b>STREET ADDRESS</b> 7951 SW 40TH STREET #206 <b>CITY-ST-ZIP</b> MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/13/08    9549313615 Date    Daytime Phone #		