2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# P06000022430

Entity Name: GALINDO INSURANCE SERVICES, INC

Current Principal Place of Business:

12035 SW 181 TERRACE
MIAMI, FL 33177 US

New Principal Place of Business:

10067 PINES BLVD.
SUITE A-WEST
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

12035 SW 181 TERRACE
MIAMI, FL 33177 US

New Mailing Address:

10067 PINES BLVD.
SUITE A-WEST
PEMBROKE PINES, FL 33024 US

FEI Number: 20-4406887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALINDO, ILEANA
12035 SW 181 TERRACE
MIAMI, FL 33177 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: GALINDO, ILEANA
Address: 12035 SW 181 TERRACE
City-St-Zip: MIAMI, FL 33177 US

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: VP ( ) Change (X) Addition
Name: DELGADO, OMAR
Address: 10812 NW 53 LN
City-St-Zip: DORAL, FL 33178 US

Title: SEC ( ) Change (X) Addition
Name: DELGADO, OMAR
Address: 10812 NW 53 LN
City-St-Zip: DORAL, FL 33178 US

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: OMAR DELGADO VP 05/09/2007

Electronic Signature of Signing Officer or Director Date