

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000083349

Entity Name: FRANK GALI INC.

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

620 QUAIL AVENUE  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

620 QUAIL AVENUE  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

FEI Number: 20-5208372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALI, FRANK  
620 QUAIL AVENUE  
MIAMI SPRINGS, FL 33166 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GALI, FRANK  
Address: 620 QUAIL AVENUE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VPD  
Name: GALI, ANA  
Address: 620 QUAIL AVENUE  
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: FRANK GALI

PD

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date