

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P93000077376

1. Entity Name
GALFA CEE, CO.



Principal Place of Business
**2711 VISTA PARWAY
SUITE B1
WEST PALM BEACH, FL 33411 US**

Mailing Address
**P. O. BOX 1094
LOXAHATCHEE, FL 33470 US**



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0480058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PAPARELLA, KATHLEEN A ESQ
12783-A WEST FOREST HILL BLVD
WELLINGTON, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MAHARAJ, JOHN 121 WATERVIEW WAY ROYAL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHARAJ, JOHN 121 WATERVIEW WAY ROYAL PALM, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHARAJ, JOHN 121 WATERVIEW WAY ROYAL PALM BCH, FL 33411
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/12/07-80008-023 150.00

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____