

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

06-30-2008 90022 018 \*\*\*150.00

<b>DOCUMENT # P94000086377</b> 1. Entity Name <b>L &amp; I GALLO, INC</b>			
Principal Place of Business <b>1200 DANBURY AVE. DAVIE, FL 33325 US</b>		Mailing Address <b>1200 DANBURY AVE. DAVIE, FL 33325 US</b>	
2. Principal Place of Business - No P.O. Box # <b>7220 NW 36 street</b>		3. Mailing Address <b>7220 NW 36 street</b>	
Suite, Apt. #, etc. <b>315</b>		Suite, Apt. #, etc. <b>315</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33166</b>		Zip <b>33166</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0692830</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GALLO, IVON 1200 DANBURY AVE. DAVIE, FL 33325</b>		7. Name and Address of New Registered Agent Name <b>GALLO IVON</b> Street Address (P.O. Box Number is Not Acceptable) <b>7220 NW 36 street</b> Suite <b>315</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33166</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 the registered agent.  SIGNATURE <b>IVON GALLO</b> <span style="float: right;">6/25/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GALLO, LUIS</b> <b>1200 DANBURY AVENUE</b> <b>DAVIE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GALLO, IVON</b> <b>1200 DANBURY AVE.</b> <b>DAVIE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>SIGNATURE:</b> <b>GALLO LUIS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>6/25/08</b> <b>305-5130101</b> <small>Date Daytime Phone #</small>	