

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000086377

Entity Name: L & I GALLO, INC

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7220 NW 36 ST  
315  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

7220 NW 36 ST  
315  
MIAMI, FL 33166 US

**New Mailing Address:**

FEI Number: 65-0692830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALLO, IVON  
7220 NW 36 ST  
STE 315  
MIAMI, 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: P  
Name: GALLO, IVON  
Address: 7220 NW 36 ST # 315  
City-St-Zip: MIAMI, FL 33166 US

Title: VP  
Name: GALLO, IVON  
Address: 7220 NW 36 ST # 315  
City-St-Zip: MIAMI, FL 33166

Title: S  
Name: GALLO, LUIS JR  
Address: 7220 NW 36 ST # 315  
City-St-Zip: MIAMI, FL 33166 US

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: IVON GALLO

PRES

01/20/2011

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

\_\_\_\_\_  
Date