2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000053209

1. Entity Name

GARIBALDI CONSTRUCTION, CORP.



FILED
Apr 30, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

18780 SW 355 TERR FLORIDA CITY, FL 33034 18780 S.W. 355 TERRACE FLORIDA CITY, FL 33034



04222007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0595128 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MARTINEZ, ROBERTO 18780 SW 355 TERRACE FLORIDA CITY, FL 33034

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FLORIDA CITY, FL 33034			IN THIS SPACE		
	named entity submits this statement for the pations of registered agent.	urpose of changing its registere	d office or r	egistered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little to	fapplicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY+ST+ZIP	DT MARTINEZ, JESUS 18780 SW 355 TERRACE FLORIDA CITY, FL 33034				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MARTINEZ, ROBERTO 18780 S.W. 355 TERRACE FLORIDA CITY, FL 33034				
THEE NAME STREET ADDRESS CHY-ST-7IP				DO NO	T WRITE

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U00000748939 05/18/07-80003-018 150.00

12. I hereby certify that the information supplied with this filling 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:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Koborio marinez

Roberto Martinez

04/25/07

305-505-6165

Dayime Phone #