

2006 FOR PROFIT CORPORATION ANNUAL REPORT

01-17-2006 90259 021 ***150.00
292172

DOCUMENT # 292172 1. Entity Name PHIL C. GALLAGHER, INC.						FILED 06 FEB -7 AM 9:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2500 NW 79TH AVE., STE 101 MIAMI, FL 33122 US				Mailing Address 770 PALM BEACH BLVD #8F MIAMI, FL 33122 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 770 Palm Beach Blvd #8F Suite, Apt. #, etc.					
City & State Miami, FL		City & State Miami, FL		4. FEI Number 59-1092647		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33138		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GALLAGHER, PHIL C 2500 NW 79TH AVE., STE 101 MIAMI, FL 33122				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALLAGHER, PHIL C 2500 NW 79TH AVE., STE 101 MIAMI, FL 33122 <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	VD GALLAGHER, VIVIEN E 2500 NW 79TH AVE., STE 101 MIAMI, FL 33122 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vivien E. Scott <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESSIG, PAMELA 2500 NW 79TH AVE., STE 101 MIAMI, FL 33122 <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	<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.							
SIGNATURE:				1/13/06 305/714-4416			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			