


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000027326

1. Entity Name
GALLO SIGNS INC.



Principal Place of Business Mailing Address

3218 ROOSEVELT ST 3218 ROOSEVELT ST
HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0417299 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GALLO, PAUL
3218 ROOSEVELT ST
HOLLYWOOD, FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000113966
04/15/04-80030-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALLO, JOELLEN
STREET ADDRESS	3218 ROOSEVELT ST
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	GALLO, PAUL
STREET ADDRESS	3218 ROOSEVELT ST
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	GALLO, JONATHAN
STREET ADDRESS	3218 ROOSEVELT ST
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3/15/04 954 983 7716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #