

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000027326**

1. Entity Name  
**GALLO SIGNS INC.**



Principal Place of Business  
**3218 ROOSEVELT ST  
HOLLYWOOD, FL 33021**

Mailing Address  
**3218 ROOSEVELT ST  
HOLLYWOOD, FL 33021**



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0417299**

Applied For  
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, 2007 Fee will be \$550.00**

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

**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**

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04/30/07-80047-012 150.00

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

*Paul Gallo*

Gallo Paul

03-01-07  
954-445-4911