

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90060 023 ***150.00

DOCUMENT # P94000061305

1. Entity Name

JOSEPH GALLO INC.



Principal Place of Business

1901 NE 42 STREET
FT. LAUDERDALE FL 33308
US

Mailing Address

1901 NE 42 STREET
FT. LAUDERDALE FL 33308
US

2. Principal Place of Business

639 W. OAKLAND PARK BL

3. Mailing Address

639 W OAKLAND PK BL

Suite, Apt. #, etc.

APT 205 D

Suite, Apt. #, etc.

APT 205 D

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33311

Country

Broward

Zip

33311

Country

Broward



MOORE

CR2E034 (11/03)

4. FEI Number

65-0510891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLO, JOSEPH
1901 NE 42 STREET
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

GALLO JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

639 W. OAKLAND PK BL

APT 205 D

City

FT LAUDERDALE

FL

Zip Code

33311

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME GALLO, JOSEPH
STREET ADDRESS 1901 NE 42 STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME GALLO JOSEPH
STREET ADDRESS 639 W. OAKLAND PK BL APT 205 D
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joseph Gallo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-04