


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000002664</b> 1. Entity Name GALLWEY GILLMAN CURTIS & VENTO, P.A.	
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Principal Place of Business 200 S.E. 1ST ST. SUITE 1100 MIAMI, FL 33131	Mailing Address 200 S.E. 1ST ST. SUITE 1100 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0546449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE, FL 32301
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000036957 02/06/04-80079-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GALLWEY, WILLIAM J 200 S.E. 1ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CURTIS, KAREN 200 S.E. 1ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GILLMAN, STEPHEN 200 S.E. 1ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VENTO, M. THERESE 200 S.E. 1ST ST. MIAMI, FL
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)(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: <u>M. Therese Vento</u> M. Therese Vento, as Secretary 2/2/04 358-1313	Date _____ Daytime Phone # _____
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