


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000002664**

1. Entity Name  
**GALLWEY GILLMAN CURTIS & VENTO, P.A.**



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**



01182005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.**  
 1201 HAYS ST.  
 TALLAHASSEE, FL 32301

**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, 2005 Fee will be \$550.00**

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

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	

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02/02/US-80063-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: M. Therese Vento, as Secretary 1/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #