

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90057 001 ***150.00

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1. Entity Name

MARINA GALLO P.A.

Principal Place of Business

5707 MELALEUCA DR
TAMARAC FL 33319
US

Mailing Address

5707 MELALEUCA DRIVE
TAMARAC FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0955302

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLO, MARINA
5707 MELALEUCA DRIVE
TAMARAC FL 33319

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GALLO, MARINA
STREET ADDRESS 5707 MELALEUCA DRIVE
CITY-ST-ZIP TAMARAC FL 33319

TITLE S ☐ Delete
NAME GALLO, DIANA
STREET ADDRESS 5707 MELALEUCA DR
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE V ☐ Delete
NAME GALLO, JOSE
STREET ADDRESS 5707 MELALEUCA DR
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE T ☐ Delete
NAME OCAMPO, MARSHA
STREET ADDRESS 5707 MELALEUCA DR
CITY-ST-ZIP TAMARAC FL 33319

TITLE M ☐ Delete
NAME GALLO, HERMAN
STREET ADDRESS 5707 MELALEUCA DR
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition
NAME GALLO, MARSHA
STREET ADDRESS 5707 MELALEUCA DR
CITY-ST-ZIP TAMARAC, FL 33319

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #