

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092170

Entity Name: MARINA GALLO P.A.

FILED  
Jul 28, 2006  
Secretary of State

## Current Principal Place of Business:

5707 MELALEUCA DR  
TAMARAC, FL 33319 US

## New Principal Place of Business:

## Current Mailing Address:

5707 MELALEUCA DRIVE  
TAMARAC, FL 33319

## New Mailing Address:

FEI Number: 65-0955302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLO, MARINA  
5707 MELALEUCA DRIVE  
TAMARAC, FL 33319 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GALLO, MARINA  
Address: 5707 MELALEUCA DRIVE  
City-St-Zip: TAMARAC, FL 33319

Title: S ( ) Delete  
Name: GALLO, DIANA  
Address: 5707 MELALEUCA DR  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: V ( ) Delete  
Name: GALLO, JOSE I  
Address: 5707 MELALEUCA DR  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: T ( ) Delete  
Name: GALLO, MARSHA  
Address: 5707 MELALEUCA DR  
City-St-Zip: TAMARAC, FL 33319

Title: M ( ) Delete  
Name: GALLO, HERMAN  
Address: 5707 MELALEUCA DR  
City-St-Zip: TAMARAC, FL 33319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: GALLO, JOSE I  
Address: 5707 MELALEUCA DR  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: V (X) Change ( ) Addition  
Name: GALLO, DIANA  
Address: 5707 MELALEUCA DR  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARINA GALLO

P

07/28/2006

Electronic Signature of Signing Officer or Director

Date