

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P99000092170

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**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**GALLO, MARINA
5707 MELALEUCA DRIVE
TAMARAC, FL 33319**

**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

Marina Gallo

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

(NOTE: Registered Agent signature required when reinstating)

04-10-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLO, MARINA
STREET ADDRESS	5707 MELALEUCA DRIVE
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	S
NAME	GALLO, JOSE I
STREET ADDRESS	5707 MELALEUCA DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	V
NAME	GALLO, DIANA
STREET ADDRESS	5707 MELALEUCA DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	T
NAME	GALLO, MARSHA
STREET ADDRESS	5707 MELALEUCA DR
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	M
NAME	GALLO, HERMAN
STREET ADDRESS	5707 MELALEUCA DR
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/26/07-80010-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Marina Gallo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-2007

Date

Daytime Phone #