


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**- Mar 05, 2004 08:00 AM
Secretary of State**

DOCUMENT # V16262 1. Entity Name MARIO GALLO, INC.	
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Principal Place of Business 3228 FLAGLER AVENUE KEY WEST, FL 33040 US	Mailing Address % MARIO GALLO 3434 EAGLE AVENUE KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0320903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GALLO, MARIO
3434 EAGLE AVENUE
KEY WEST, FL 33040**

**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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000077350 03/05/04-80038-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLO, MARIO 3434 EAGLE AVENUE KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLO, MARY 3434 EAGLE AVENUE KEY WEST, FL
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**DO NOT WRITE
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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:  **3-1-04 305 2966563**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #