

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State



DOCUMENT # M13302

1. Entity Name
GALLAGHER FINANCIAL SYSTEMS, INC.

Principal Place of Business
**1500 SAN REMO AVE.
 STE 251
 CORAL GABLES, FL 33146 US**

Mailing Address
**1500 SAN REMO AVE.
 STE 251
 CORAL GABLES, FL 33146 US**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2562953** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GALLAGHER, DOUGLAS
 GALLAGHER FINANCIAL SYSTEMS, INC.
 1500 SAN REMO AVE., STE 251
 CORAL GABLES, FL 33146**

**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 _____

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**

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	CEOP GALLAGHER, DOUGLAS 5485 SW 92 ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLAGHER, SUSAN L 5485 SW 92 ST. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
 IN THIS SPACE**

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: Susan L. Gallagher Susan L. Gallagher 1/6/04 (800) 989999