

FILED
Sep 05, 2007 8:00 am
Secretary of State

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08-09-2007 90053 001 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000130281			
1. Entity Name GILKA'S SHOP, INC.			
Principal Place of Business SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428 US		Mailing Address 3755 PEBBLEBROOK COURT COCONUT CREEK, FL 33073 US	
2. Principal Place of Business - No P.O. Box # 2708 N. State Rd. 7 Suite, Apt. #, etc.		3. Mailing Address 2708 N. State Rd. 7 Suite, Apt. #, etc.	
City & State Margate, Florida Zip 33063 Country U.S.A.		City & State Margate, Florida Zip 33063 Country U.S.A.	
4. FEI Number 20-5747915		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTOS, URBANO A 3755 PEBBLEBROOK COURT COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent 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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$180.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS, URBANO A 3755 PEBBLEBROOK COURT COCONUT CREEK, FL 33073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Santos, Urbano A. 3752 Coccolakes Drive Coconut Creek, FL 33073 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 title empowered.			
SIGNATURE: 		08.06.07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	