


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 480135

1. Entity Name
GILLER, INC.



Principal Place of Business
**975 ARTHUR GODFREY RD.
 MIAMI BEACH, FL 33140**

Mailing Address
**975 ARTHUR GODFREY RD.
 MIAMI BEACH, FL 33140**



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2295734

Applied For
 Not Applicable

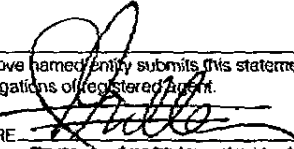
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

**GILLER, IRA D
 975 ARTHUR GODFREY RD.
 #401
 MIAMI BEACH, FL 33140**

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  DATE **4/14/06**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

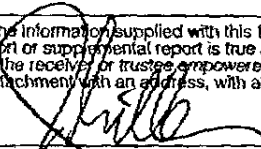
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILLER, HONEY E 975 ARTHUR GODFREY RD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GILLER, IRA D. 975 ARTHUR GODFREY RD. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLER, IRA D. 975 ARTHUR GODFREY RD. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000523237
 05/03/06-80065-003 150.00

DO NOT WRITE IN THIS SPACE

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 this 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **IRA GILLER** DATE **4/14/06** (305) 538-6324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #