


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90120 007 ***150.00

DOCUMENT # J11281 1. Entity Name GILLER & GILLER, INC.	
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Principal Place of Business % IRA D. GILLER 975 ARTHUR GODFREY RD MIAMI BEACH, FL 33140	Mailing Address % IRA D. GILLER 975 ARTHUR GODFREY RD MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2698007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD GILLER, IRA D. 975 ARTHUR GODFREY RD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILLER, NORMAN M. 975 ARTHUR GODFREY RD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILLER, HONEY 975 ARTHUR GODFREY RD. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STEVE BERNAKD 975 ARTHUR GODFREY RD. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Ira Giller* PRESIDENT, IRA GILLER Date: 4/17/08 305-588-6322 Daytime Phone #