

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001469

FILED
Jul 04, 2007
Secretary of State

Entity Name: THE WHITE GLOVE GALS, INC.

Current Principal Place of Business:

18000 SW 288 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

18000 SW 288 ST
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-2326229 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TORCISE, GAEL L
18000 SW 288 ST
HOMESTEAD, FL 33030 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORCISE, GAEL L
Address: 18000 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33030 US

Title: S () Delete
Name: VAN TASSEL, MASON H
Address: 106 FORD CT
City-St-Zip: SUMMERVILLE, SC 29483 US

Title: D () Delete
Name: THOMPSON, LAVONNE
Address: 29400 SW 202 AVE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: MANCHA, CHRISTINE
Address: 18760 SW 296 ST
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: CHAVEZ, TRACY
Address: 17341 SW 276 ST
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAEL L. TORCISE

P

07/04/2007

Electronic Signature of Signing Officer or Director

Date