


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000088950 1. Entity Name G & M BOCA KOSHER, INC.	
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Principal Place of Business 9070 KIMBERLY BLVD BOCA RATON, FL 33434	Mailing Address 9070 KIMBERLY BLVD BOCA RATON, FL 33434
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01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1042024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHKILKO, GENNADY 9070 KIMBERLY BLVD BOCA RATON, FL 33434

**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 fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

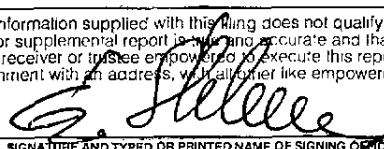
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SHKILKO, GENNADY 9070 KIMBERLY BLVD BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS SHKILKO, MASHA 9070 KIMBERLY BLVD BOCA RATON, FL 33434
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01/27/05-80085-013 150.00

**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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05 (561) 4889808
Date Daytime Phone #