


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

05-28-2004 90001 045 ***150.00

DOCUMENT # P02000134120	
1. Entity Name SILK SILK SILK OF FLORIDA, INC.	

Principal Place of Business 975 S. CONGRESS AVENUE SUITE 102 DELRAY BEACH, FL 33445	Mailing Address 975 S. CONGRESS AVENUE SUITE 102 DELRAY BEACH, FL 33445
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66427577



2. Principal Place of Business P.O. Box 210333	3. Mailing Address P.O. Box 210333
Suite, Apt. #, etc. Royal Palm Beach, FL	Suite, Apt. #, etc. Royal Palm Beach, FL
City & State	City & State

06072004 Chg-P CR2E034 (10/03)

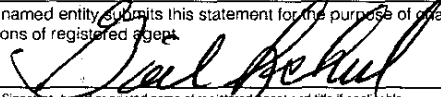
Zip 33421	Country USA	Zip 33421	Country USA
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4. FEI Number 33-1036353	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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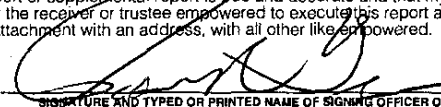
6. Name and Address of Current Registered Agent SCHEEL, GAIL M 975 S. CONGRESS AVENUE SUITE 102 DELRAY BEACH, FL 33445	
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7. Name and Address of New Registered Agent Name SCHEEL, GAIL M. Street Address (P.O. Box Number is Not Acceptable) 170 LOQUAT TREE DRIVE City LANTANA FL Zip Code 33462	
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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: 	DATE: 6/8/04
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BERGMANN, JOSEPH R 975 S. CONGRESS AVENUE, SUITE 102 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C D BERGMANN, JOSEPH R. P.O. BOX 210333 ROYAL PALM BEACH, FL 33421 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and empowered.	
SIGNATURE: 	DATE: 6/8/04 (561) 2651807
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	