


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

8/1

08-18-2004 90006 038 \*\*\*150.00

<b>DOCUMENT # P03000102051</b>			
1. Entity Name <b>VIKKI GS, INC.</b>			
Principal Place of Business <b>7378 W ATLANTIC BLVD #393 MARGATE FL 33063-4214</b>		Mailing Address <b>7378 W ATLANTIC BLVD #393 MARGATE FL 33063-4214</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SHOUREAS, MARJORIE H 700 S ANDREWS AVE STE 300 FT LAUDERDALE FL 33316</b>		7. Name and Address of New Registered Agent Name <b>MARJORIE H. SHOUREAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2699 NE 26 Terrace</b> City <b>BOCA RATON</b> FL Zip Code <b>33431</b>	
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 <u><i>Marjorie H. Shoureas</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GALLO, ELVIRA 7378 W ATLANTIC BLVD #393 MARGATE FL 33063-4214</b> <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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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: <u><i>Elvira Gallo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-1-04 (934) 977-8845 Date Daytime Phone #	

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MOORE CR2E034 (4/04)

4. FEI Number **35-2214804** Applied For ☐ Not Applicable ☐

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

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