


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

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| DOCUMENT # P03000102051 | |
| 1. Entity Name VIKKI GS, INC. | |
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| Principal Place of Business 7378 W ATLANTIC BLVD #393 MARGATE, FL 33063-4214 | Mailing Address 7378 W ATLANTIC BLVD #393 MARGATE, FL 33063-4214 |



04302007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 35-2214804 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent SHOUREAS, MARJORIE H 2699 NE 26 TERRACE BOCA RATON, FL 33431 |
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**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 MARJORIE H. SHOUREAS 4-31-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GALLO, ELVIRA 6900 MARTIN RD. MARGATE, FL 33068 |
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05/25/07-80066-021-150.00

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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: Elvira Gallo 4-31-2007 (954) 977-8845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #