

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000134850

1. Entity Name
GERCILUS, INC.



Principal Place of Business
**10200 S.W. 183RD ST.
MIAMI, FL 33157**

Mailing Address
**11245 S.W. 166TH TERR.
MIAMI, FL 33157**



05102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1657094

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

6. Name and Address of Current Registered Agent

**GERCILUS, LAVIUS
11245 SW 166TH TERRACE
MIAMI, FL 33157**

**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 of the person authorized to sign by and for the corporation

(If the registered agent is filing a statement of resignation, the signature of the registered agent must be filed with this statement.)

Date

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	P GERCILUS, CHARLENE 11245 SW 166TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP GERCILUS, LAVIUS 11245 SW 166TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

U00000564335
05/20/06-80059-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 of this report, or on an attachment with an address, with another like empowered.

SIGNATURE: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/06

DATE