

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000052240

1. Entity Name
SILVER GALS, INC.



**FILED
May 05, 2008 8:00 am
Secretary of State**

05-05-2008 90253 027 ***150.00

40097248



04222008 Chg-P CR2E034 (12/06)

Principal Place of Business
5283 W. ATLANTIC AVENUE
SUITE 102-103
DELRAY BEACH, FL 33484 US

Mailing Address
5283 W. ATLANTIC AVENUE
SUITE 102-103
DELRAY BEACH, FL 33484 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
37-1507720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LONDON, ERNEST
17317 BERMUDA VILLAGE DRIVE
BOCA RATON, FL 33487

*Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONDON, ERNEST 17317 BERMUDA VILLAGE DRIVE BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONDON, RUTH 17317 BERMUDA VILLAGE DRIVE BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *Ernest London* ERNEST LONDON 4/30/08 561-631-3684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #

561-989-0450