2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

ANNUAL REPURI		Secretary of State
DOCUMENT # 198810 1. Entity Name AMERICAN GIFT CORPORATION		Secretary of State
Principal Place of Business Mailing Address 6600 NW 74TH AVE. 701 BRICKELL AVENUE MIAMI, FL 33166-2839 US SUITE 3000 MIAMI, FL 33131		היה
DO NOT WRITE IN THIS SPA	1CE 042	El Number Applied For Not Applicable Sa.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	•	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, 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, 2004 Fee will be \$550.00 9. Election Campaign Fit Trust Fund Contribution		ay Be ees
10. OFFICERS AND DIRECTORS		····
NAME KLUGER, HAROLD		
STREET ADDRESS 6600 NW 74TH AVE. CITY-S1-ZIP MIAMI, FL 331662839		
INLE STD		UGU 00 0138284
NAME KLUGER, ELEANOR		04/23/04-90/00-018 1 5 0.00
STREET ADDRESS 6600 NW 74TH AVE. CITY-SI-ZIP MIAMI, FL 331662839		/ / / / / / / / / / / / / / / / / /
TIFLE VD		
NAME KLUGER, JEFFREY STREET ADDRESS 6600 NW 74TH AVE.		
CITY-ST-ZIP MIAMI, FL 331662839		DO NOT WRITE
TITLE VD		IN THIS SPACE
NAME KLUGER, GARY STREET ADDRESS 6600 NW 74TH AVE.	}	
GIY-51-ZIP MIAMI, FL 331662839	ge ja vent	
INLE VD NAME KLUGER, JENNIFER		
STREET ADDRESS 6600 NW 74TH AVE.		
CITY-ST-ZIP MIAMI, FL 331662839	and the second of the second	8- 3
TITLE NAME		
STHEET ADDRESS	1	

12. I hereby certify that the information supplied with this filling 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: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/27/04

Daytme Phone #