


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 198810 1. Entity Name AMERICAN GIFT CORPORATION	
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Principal Place of Business 6600 NW 74TH AVE. MIAMI, FL 33166-2839 US	Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0792347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000908363 05/06/08 BUDGET 011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLUGER, HAROLD 6600 NW 74TH AVE. MIAMI, FL 331662839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLUGER, ELEANOR 6600 NW 74TH AVE. MIAMI, FL 331662839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLUGER, JEFFREY 6600 NW 74TH AVE. MIAMI, FL 331662839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLUGER, GARY 6600 NW 74TH AVE. MIAMI, FL 331662839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLUGER, JENNIFER 6600 NW 74TH AVE. MIAMI, FL 331662839
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: Harold Kluger Bee 4/16/08 305-884-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #