2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M41705

1. Entity Name
LONDON PARIS GIFTS, INC.

Principal Place of Business	Mailing Address
730 SW 26 ROAD	730 SW 26 ROAD
MIAMI, FL 33129	MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

01202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2737423	Not Applicable

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

6. Name and Address of Current Registered Agent

VICIANA, ENRIQUE
4206 LAGUNA STREET
CORAL GABLES, FL 33146

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SAPORTA, GLADYS
STREET ADDRESS	730 SW 26 ROAD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	DVP
NAME	SAPORTA, DANIEL
STREET ADDRESS	730 SW 26 ROAD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	DVT
NAME	BONAVIDA, SUSY S
STREET ADDRESS	7405 SW 162 PLACE
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000483023
04/11/06-80039-024 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Hardy Saporta_   3/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #