

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 26, 2007
Secretary of State**

DOCUMENT# P01000004942

Entity Name: PARKWAY GIFT SHOP, INC

Current Principal Place of Business:

160 NW 170TH STREET
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

5200 NE 2ND AVE
MIAMI, FL 33137

Current Mailing Address:

7194 NW 80TH WAY
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-1061954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLAK, LILA
160 NW 170TH STREET
NORTH MIAMI BEACH, FL 33169 US

Name and Address of New Registered Agent:

POLLAK, LILA
5200 NE 2ND AVE
MIAMI, FL 33137 US

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.

SIGNATURE: _____ 04/26/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POLLAK, LILA
Address: 160 NW 170TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: TD () Delete
Name: POLLAK, ROGER
Address: 160 NW 170TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: VD () Delete
Name: POLLAK, STUART
Address: 160 NW 170TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: D (X) Delete
Name: BEHRMAN, ROBIN
Address: 160 NW 170TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POLLAK, LILA
Address: 5200 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: VP (X) Change () Addition
Name: BRODIE, YETTA
Address: 5200 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: S (X) Change () Addition
Name: POLLAK, ROGER
Address: 5200 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILA POLLAK P 04/26/2007
Electronic Signature of Signing Officer or Director Date