

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000008168

FILED
Jan 29, 2007
Secretary of State

Entity Name: GIGI'S TAVERN, INC.

Current Principal Place of Business:

346 PLAZA REAL
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

4205 W. ATLANTIC AVE
SUITE 301
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 65-0634371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINERLEY, KENNETH
980 N. FEDERAL HWY
STE 412
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDTS () Delete
Name: BLASLAND, WARREN V JR.
Address: 4205 W. ATLANTIC AVE SUITE 301
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: V () Delete
Name: BLASLAND, BRIAN
Address: 4205 W. ATLANTIC AVE SUITE 301
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WARREN V. BLASLAND, JR.

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01/29/2007

Electronic Signature of Signing Officer or Director

_____ Date