## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 432809**

2459 S BAYSHORE DR

MIAMI, FL

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

Entity Name: DORIAN GIFT CO INC **Current Principal Place of Business: New Principal Place of Business:** 8167 BIRD RD MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** 8167 BIRD RD MIAMI, FL 33155 FEI Number: 59-1535113 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOLER, MIRELLA 5700 LÉJEUNE RD CORAL GABLES, FL 33146 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DST ( ) Delete Title: () Change () Addition SOLER, MIRELLA N, Name: Name: 5700 LEJEUNE RD Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: DPST Title: () Delete () Change () Addition Name: SOLER, MIRELLA Name: 5700 LEJEUNE RD Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: DVP () Delete () Change () Addition RODRIGUEZ, MIMI Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: MIRELLA N SOLER 04/30/2004 DST