

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 432809

Entity Name: DORIAN GIFT CO INC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

8185 SW BRED RD  
MIAMI, FL 33155

**New Principal Place of Business:**

8185 SW BIRD RD  
MIAMI, FL 33155

**Current Mailing Address:**

8185 SW BRED RD  
MIAMI, FL 33155

**New Mailing Address:**

8185 SW 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:**

SOLER, MIRELLA  
5700 LEJEUNE RD  
CORAL GABLES, FL 33146 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: DPST ( ) Delete  
Name: SOLER, MIRELLA  
Address: 5700 LEJEUNE RD  
City-St-Zip: MIAMI, FL

Title: DVP ( ) Delete  
Name: RODRIGUEZ, MIMI  
Address: 2459 S BAYSHORE DR  
City-St-Zip: MIAMI, FL

**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 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: MIRELLA SOLER

PRES

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date