2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 543604

1. Entity Name
GILBERT'S JEWELERS AND GIFTS, INC.

Principal Place of Business	Mailing Address
200 SW 1ST ST. BELLE GLADE, FL 33430	200 SW 1ST ST. BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE

04242007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1767067	Not Applicable

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

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6. Name and Address of Current Registered Agent

ALVAREZ, GILBERTO
200 SW 1ST
BELLE GLADE, FL 33430

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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 _____ Gilberto Alvarez _____ 4/25/07

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, 2007 Fee will be $550.00

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

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10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ALVAREZ, GILBERTO
STREET ADDRESS	400 NE 2ND STREET
CITY-ST-ZIP	BELLE GLADE, FL 0,

TITLE	VD
NAME	ALVAREZ, ROBERT
STREET ADDRESS	601 NE 2ND STREET
CITY-ST-ZIP	BELLE GLADE, FL 0,

TITLE	TD
NAME	GUTIERREZ, MARIO
STREET ADDRESS	16745 W. DOWNERS DR.
CITY-ST-ZIP	LOXAHATCHEE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07-80008-025 150.00

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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: _____ President _____ 4/25/07 _____ 561-996-3000

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