## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 08:00 AM Secretary of State

Daytime Phone #

	AMMOAL	KEFOKI		<del></del>	Apr 23, 2003 00.00 F
DOCUMENT # 573976  1. Entity Name FLAGLER LUGGAGE & GIFT CORP.		in the second			Secretary of State
Dula disal Disas at Burings		Moltag Address			-
Principal Place of Business		Mailing Address		3 M.	
145 EAST FLAGLER STREET ——————————————————————————————————		145 EAST FLAGLER STREET MIAMI, FL. 33131-1112			
Pilishin, FE 33137-FF (2			_	•	
		Ca. NWas Addison			
2. Principal Place of Business		3. Mailing Address			A COUNTRY THE HEAVE WHILE AND A MINE OF THE WAY HEAVE WHEN THE WAY WAS A COUNTRY OF THE MINE OF THE MI
Suite, Apt. #, etc.		Suite, Apt #, etc.			04192005 Chg-P CR2E034 (10/03)
Cinc C Chain		City & State		<del></del>	4. FEI Number Applied For
City & State		City & State			59-1918342   Not Applicable
Zip Country		Zip Country		ntry	5 Certificate of Status Desired \$8.75 Additional
	C Non- Field Address of Disselect D	- latered Amont		1	7. Name and Address of New Registered Agent
<u> </u>	6. Name and Address of Current R	egistereo Agent	-	Name	7, Name and Address of New Registered Agent
AXELROD, SAMUEL		<del>-</del>		Oter -t A-lelen - /	P.Ö. Box Number is Not Acceptable)
3101 ROYAL PALM AVENUE MIAMI BEACH, FL 33139				Street Address (	P.O. Box number is not acceptable;
WIMWINDE	ACH, FE 33.133	-			
[				City	FL Zip Code
8 The above	named entity submits this statement for	the numose of changing its	<i>r</i> enisteri	ed office at register	red agent, or both, in the State of Florida. I am familiar with, and accept
	tions of registered agent.		·	co omee o regiole.	signification of pour, in the election for local factorial factorial and decopies
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. TNOTE Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
10.	OFFICERS AND D	IRECTORS	11,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	זוזנו	1	☐ Change ☐ Addition
NAME	AXELRAD, SAMUEL		MAM	- }	
STREET ADDRESS CITY-ST-ZIP	3101 ROYAL PALM AVE MIAMI BCH, FL			ET ADDRESS -St-Zip	
TITLE	Will dell COTI, TE	☐ Delele	TITLE	<u> </u>	Change Addition
NAME		Land District	NAM:	· 1	100000328507 <sup>  Change</sup>   Addition 04/25/05-80081-003 150.00
STREET ADDRESS				ET ADDRESS	D4/25/85-80081-903 150.00
CITY-ST-ZIP		<del>,</del>	CITY	-ST-ZIP	<del> </del>
TITLE		Delete	TITLE	J	☐ Change ☐ Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS	
CITY-ST-ZIP		-		-ST-ZIP	
TITLE		Delete	TITLE	E -	☐ Change ☐ Addition
NAME			MAM	- 1	
STREET ADDRESS	(		4	ET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	To Change To Advisor
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	1			ET ADDRESS	
CITY-ST-ZIP			CITY	-ST-ZIP	
TITLE		☐ Delete	TITLE	l l	☐ Change ☐ Addition
NAME			NAM	i	
STREET ADDRESS CITY-ST-ZIP	}			ET ADDRESS -ST-ZIP	
	partify that the information numblied with a	his filling does not qualify for			portion 119 07/39/0 Florida Stallites   further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 system and dress, with all other like empowered.					