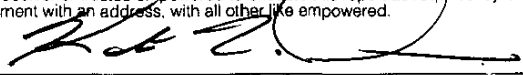


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90071 033 ***150.00

DOCUMENT # 578902 1. Entity Name TINKY'S GIFT AND DESIGN SHOP, INC.					
Principal Place of Business 608 CRANDON BLVD. KEY BISCAVNE, FL 33149			Mailing Address 608 CRANDON BLVD. KEY BISCAVNE, FL 33149		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1838345	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DOIMI, VANIA 575 CRANDON BLVD., APT. 409 KEY BISCAVNE, FL 33149				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOIMI, KATIA 600 GRAPETREE DR. #8DS KEY BISCAVNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOIMI, VANIA 575 CRANDON BLVD #409 KEY BISCAVNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	☐ Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-6-09 Daytime Phone # 305-361-1525		