LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 203 0000 20222 1. Entity Name D & D & GIGS, U.C DBA GIFTS AHOY

SIGNATURE:



FILED May 17, 2004 8:00 am Secretary of State

04-15-2004 90113 025 ****55.00

Daytime Phone #

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2. Principal P	Place of Business SW 22 ST(285)	3. Mailing Address P.O	. Box	453324	34006532				
Suite, Apt.		Suite, Apt. #, etc.			DO NOT W	RITE IN THIS SPACE			
City & State	"MIAMI, FL		Ψ1,		4. FEI Number 75 - 3	Applied For Not Applicab			
Zip 33	S145 Country USA	Zip 33245	Countr	USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required			
					7. Name and Address of Curre	ent Registered Agent			
No Progression (1951) He	DO NOT W			Name DA	NIEL GIGA	NTINO			
Water Commencer	DO NOT W		Γ	Street Address (P.O. Box Number is Not Accepta	ble)			
	IN THIS SP	ACE	-		2111 /2	NIKENIUK			
				20	31 N. 62	HVE 10 00			
	Section 1997 - Company of Company (1997) and the company of Compan			City HOL	U/WOOD	FL 453627/			
	named entity submits this statement for	r the purpose of changing its	registered	office or register	ed agent, or both, in the State of	Florida. I am familiar with, and accept			
the collgat	tions of registered agent								
SIGNATURE .	Signature, typed or trintes in a registered agent	and title if applicable				DATE			
	Signature, typed or or intestination of register diagent	and title if applicable.	-1			DAIE			
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	•		UE BY	and the second second					
9.	MANAGING MEMBE	RS/MANAGERS		21 - 12 - 12 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15					
TITLE	MANAGING MEMP	ER	TITLE						
NA ME	DANIEL GIGANTI	S	NAME						
STREET ADDRESS CITY-ST-ZIP	2031 N. 62 AVE	~~ ~~ \	STREET CITY-S	ADORESS T. 749		e en la companya de l			
TITLE	HOLLYWOOD, FL	33024	TITLE	1-21					
NAME	MANACING MEMBER DEBURAL GIGANTI	1 0	NAME						
STREET ADDRESS	2031 N. 62 AVE.		STREET	ADDRESS					
CITY-ST-ZIP	HOLYWOOD, FL	33 OZY	CITY-S	T-ZIP					
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NAME STREET ADDRESS			NAME	ADDRESS					
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STREET ADDRESS CITY-ST-ZIP	1	•	STREE	ADDRESS T-ZIP					
	l certify that the information supplied with	this filing does not qualify fo	美数多种的人共和 约		ection 119.07(3)(i). Florida Statute	es. I further certify that the information			
indicated	I on this report is true and accurate and ability company or the receiver or truste	that my signature shall have	the same	egal effect as if n	nade under oath; that I am a ma	naging member or manager of the			

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE