

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90005 023 ***150.00

DOCUMENT # P00000009959

1. Entity Name
GIFTS GALORE, INC.



Principal Place of Business:
**2422 S ATLANTIC AVENUE
DAYTONA BEACH, FL 32119**

Mailing Address:
**2422 S ATLANTIC AVENUE
DAYTONA BEACH, FL 32119**

54062578



2. Principal Place of Business
2130 S. Atlantic Ave.
Suite, Apt. #, etc.

3. Mailing Address
2130 S. Atlantic Ave.
Suite, Apt. #, etc.

07142004 Chg-P CR2E034 (10/03)

City & State
Daytona Beach, FL
Zip **32119** Country

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Daytona Beach, FL
Zip **32119** Country

4. FEI Number
59-3630550
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEN-HARROOCH, BINYAMIN
2422 S ATLANTIC AVENUE
DAYTONA BEACH, FL 32119**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2130 S. Atlantic Ave.
City **Daytona Beach** **FL** Zip Code **32119**

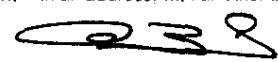
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004
9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE	BEN-HARROOCH BINYAMIN	☒ Change ☐ Addition	
NAME	BEN-HARROOCH, BINYAMIN			NAME	2130 S. Atlantic Ave.		
STREET ADDRESS	2422 S ATLANTIC AVENUE			STREET ADDRESS	Daytona Beach, FL 32119		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
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TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **7/14/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #