2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035199

Entity Name: BRANDO GIFTS, INC.

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1330 SE 4 AVENUE SUITE G FORT LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 1330 SE 4 AVENUE SUITE G FORT LAUDERDALE, FL 33316 FEI Number: 65-0473859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEDER, NATHAN I 1330 SÉ 4 AVENUE SUITE G FORT LAUDERDALE, FL 33316 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVP () Delete Title: () Change () Addition LEDER, SANDRA Name: Name: 2706 PINEHURST Address: Address: City-St-Zip: WESTON, FL 33332 City-St-Zip: Title: DPS Title: () Delete () Change () Addition LEDER, NATHAN Name: Name: 2706 PINEHURST Address: Address: City-St-Zip: WESTON, FL 33332 City-St-Zip: () Delete Title: Title: () Change () Addition HOWARD, DAREN Name: Name: 170 DOCKSIDE CIRCLE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33327 City-St-Zip: Title: VP T () Delete Title: () Change () Addition LEDER, DANNY Name: Name: Address: 2706 PINEHURST Address: City-St-Zip: WESTON, FL 33332 City-St-Zip: Title: Title: () Delete () Change () Addition HOWARD, CINDY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: NATHAN I. LEDER P 01/04/2007

170 DOCKSIDE CIRCLE

FORT LAUDERDALE, FL 33327

Address: City-St-Zip: