# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 08, 2004**
**Secretary of State**

DOCUMENT# P01000001152

**Entity Name:** CYPRESS GIFT SHOP INC

**Current Principal Place of Business:**

6650 N ANDREW AVE
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6019 BUENA VISTA CT
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number: 65-1062427** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KHIYANI, SUNIL T
6019 BUENA VISTA CT
BOCA RATON, FL 33433

**Name and Address of New Registered Agent:**

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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: KMIYANI, SUNIL T
Address: 6019 BUENA VISTA COURT
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SUNIL KHIYANI O 05/08/2004

Electronic Signature of Signing Officer or Director Date