

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000008050

Entity Name: ALICO FASHIONS & GIFTS, INC.

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8935 N. 56TH ST.  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

8935 56TH ST.  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

8935 N. 56TH ST.  
TEMPLE TERRACE, FL 33617

FEI Number: 54-3692502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FAOURI, ALI I  
TERRACE PLAZA, 8935 56TH ST.  
TEMPLE TERRACE, FL 33617 US

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FAOURI, ALI I  
Address: TERRACE PLAZA, 8935 56TH ST.  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D  
Name: FAOURI, MUNA T  
Address: TERRACE PLAZA, 8935 56TH ST.  
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby 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 all other like empowered.

SIGNATURE: ALI I FAOURI

PRES

04/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date