FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2003 8:00 am Secretary of State

UNIFO	KW RAZINE	:55 KEPUKI	(ARK)		Secretary	
DOCUMENT # POI 0000 10711 1. Entity Name UNIVERSEL GIFTS, INC					04-28-2003 91524 0 10090447	104 ***150.00
DO NOT WRITE IN THIS SPACE					7000441	
Principal Place of Business 3. Mailing Address						
5260 W, T Suite, Apt. #, etc.	Rio Bronson Huy	TOUS SAND LAKE RD Suite, Apt. #. etc. 412			DO NOT WRITE IN THIS SPACE	
City & State KISSIMMEE		City & State	FLORIDA	4. FI	EI Number 59-37 6 > 80>	Applied For Not Applicable
347.4P	Country USA	Zip 328 19	Country US A	5 . C	ertificate of Status Desired	\$8.75 Additional Fee Required
. 14 : 5 / 3 · V			10 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m	7. Nar	ne and Address of Current Registers	
Name IQS					GAMMAHOM, JAE	
Street Address (P.O. Box Number is Not Acceptable) Sake Broad MEN. Hwy						
City					er Fl	Zio Code 3 41 46
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.						
(x) ~ 1 ~ 1						
SIGNATURE Signature, typed or printed name of registered agent and tall of applicable. (NOTE: Registered Agent signature required when religiously) DATE						
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND				Control of the Contro	
THILE P		_	mie :			
STREET ADDRESS 5260 TRLO BROASON MEM. HWY			NAME			
STREET ADDRESS 526	o truo bronso	N MEM, 17-1	STREET ADDRESS CITY-ST-ZÎP			
TITLE	SINMEE, FL.	37"78	THIE			
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NAME			NAME		IN THIS SPA	UE
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City-St-ZiP			CITY-ST-ZIP			
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12. Thereby 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 on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

TOLE NAME

CTTY-ST-ZIP...

STREET ADDRESS CITY-ST-ZIP

SIGNATURE X Mahon

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4124/02

407-396-6439

Date

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