2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013983

FILED Apr 03, 2009 Secretary of State

Entity Na	me: THE GIF	T DEPOT WHOLESALE, COF	RP.			
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
11700 NO	RTHWEST 10)1 ROAD				
SUITE 13 MEDLEY,	FI 33178	US				
			New Meiline	A d d ====.		
Current W	lailing Addre	55.	New Mailing	Audress.		
11700 NOI SUITE 13	RTHWEST 10)1 ROAD				
MEDLEY,	FL 33178	US				
FEI Number	: 65-1086847	FEI Number Applied For ()	FEI Number Not Applicab	ole () Certifi	cate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
	AZI, ASHER / 101 RD 13 33178 US		11700 NW 10 ⁷ SUITE 13	ASHKENAZI, ASHER 11700 NW 101 RD SUITE 13 MIAMI, FL 33178 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its re	egistered office or	registered agent, or both,	
SIGNATUI	RE: GILDA A	SHKENAZI			04/03/2009	
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICER	S AND DIREC	CTORS:	ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ASHKENAZI, A	CT, UNIT #104	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name: Address: City-St-Zip:	VSD (ASHKENAZI, E 7001 NW 114 MIAMI, FL 33	СТ	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name: Address: City-St-Zip:	S (ASHKENAZI, O 7001 NW 114 MIAMI, FL 33	СТ	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name:	T (ASHKENAZI, N) Delete NEYDS	Title: T Name: AS	(X) Change SHKENAZI, NEYDE	e () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: GILDA ASHKENAZI S 04/03/2009

5640 NW 115 CT UNIT #104

MIAMI, FL 33178

Address:

City-St-Zip:

5640 NW 115 CT UNIT #104

MIAMI, FL 33178