

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91001 048 \*\*\*150.00

**14019103**



<b>DOCUMENT # P02000007643</b> 1. Entity Name <b>NETANYA GIFT SHOP, CORP.</b>																							
Principal Place of Business <b>200 S BISCAYNE BLVD #400 MIAMI, FL 33131</b>			Mailing Address <b>16400 COLLINS AVE #545 SUNNY ISLAND, FL 33160</b>																				
2. Principal Place of Business <b>5700 COLLINS AVE.</b>		3. Mailing Address <b>5700 COLLINS AVE.</b>																					
Suite, Apt. #, etc. <b># 8C</b>		Suite, Apt. #, etc. <b># 8C</b>																					
City & State <b>MIAMI FL</b>		City & State <b>MIAMI</b>		4. FEI Number <b>30-0078425</b>																			
Zip <b>33141</b>		Country <b>DADE</b>		Applied For <input type="checkbox"/> Not Applicable																			
Zip <b>33140</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																			
6. Name and Address of Current Registered Agent  <b>GUERSCHEZ, ALEJANDRO</b> <b>16400 COLLINS AVE #545</b> <b>SUNNY ISLAND, FL 33160</b>			7. Name and Address of New Registered Agent Name <b>GUERSCHEZ, ALEJANDRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5700 COLLINS AVE. # 8C</b> City <b>33140 FL.</b> <b>FL</b> Zip Code <b>33140</b>																				
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.  SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE VP</td> <td style="width: 40%;">NAME LODEIRO, VERONICA D</td> <td style="width: 30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS 16400 COLLINS AVE #545</td> </tr> <tr> <td colspan="3">CITY - ST - ZIP SUNNY ISLAND, FL 33160</td> </tr> </table>			TITLE VP	NAME LODEIRO, VERONICA D	Delete <input type="checkbox"/>	STREET ADDRESS 16400 COLLINS AVE #545			CITY - ST - ZIP SUNNY ISLAND, FL 33160			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE VP</td> <td style="width: 40%;">NAME LODEIRO, VERONICA D</td> <td style="width: 30%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS 5700 COLLINS AVE # 8C</td> </tr> <tr> <td colspan="3">CITY - ST - ZIP MIAMI, FL 33141</td> </tr> </table>			TITLE VP	NAME LODEIRO, VERONICA D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS 5700 COLLINS AVE # 8C			CITY - ST - ZIP MIAMI, FL 33141		
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12. I hereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																							
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							
Date <b>4/12/04</b>				Daytime Phone #																			