


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90070 028 \*\*\*150.00

<b>DOCUMENT # P02000067189</b>	
1. Entity Name <b>ZARELLA'S PERUVIAN GIFTS INC</b>	

Principal Place of Business <b>103530 OVERSEAS HWY SECOND ROW C-14-15 KEY LARGO, FL 33037</b>	Mailing Address <b>ZARELLA HAZEL PO BOX 7245 SEBRING, FL 33872</b>
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2. Principal Place of Business - No P.O. Box # <b>344 HENSCRATCH RD</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>LAKE PLACID</b>	Suite, Apt. #, etc. <b>SAME P.O. BOX 7245</b>
City & State <b>FLORIDA</b>	City & State <b>SAME SEBRING</b>
Zip <b>33852</b>	Country <b>FLORIDA</b>



02142008 Chg-P CR2E034 (12/06)

4. FEI Number <b>01-0730057</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ZARELLA, HAZEL 344 HENSCRATCH RD LAKE PLACID, FL 33852</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: 	DATE: <b>02/14/08</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZARELLA, HAZEL 344 HENSCRATCH RD LAKE PLACID, FL 33852</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ZARELLA HAZEL 344 HENSCRATCH ROAD LAKE PLACID, FLORIDA 33852</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE: <b>02-14-08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #