

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000110220

1. Entity Name  
LUVZ GIFTZ, INC.



**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
7513 NW 47TH DRIVE  
CORAL SPRINGS, FL 33067

Mailing Address  
7513 NW 47TH DRIVE  
CORAL SPRINGS, FL 33067



08022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3721890

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

APPLEBY, HOMER P  
3245 SAINT JAMES DRIVE  
BOCA RATON, FL 33434

**DO NOT WRITE  
IN THIS SPACE**

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 Homer P. Appleby  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/2/08  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HELMAN, GLORIA
STREET ADDRESS	7513 NW 47TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957081  
08/04/08-80008-019 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

Gloria Helman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 2, 2008

Date

Daytime Phone #