

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90044 014 \*\*\*150.00

<b>DOCUMENT # P02000112539</b> 1. Entity Name <b>SWEET STUFFINS GIFTS, INC.</b>			
Principal Place of Business <b>501 NE 2ND AVE HALLANDALE, FL 33009</b>		Mailing Address <b>501 NE 2ND AVE HALLANDALE, FL 33009</b>	
2. Principal Place of Business - No P.O. Box # <b>2450 NE 202nd St.</b>		3. Mailing Address <b>2450 NE 202nd St.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>NORTH MIAMI BEACH, FL</b>		City & State <b>NORTH MIAMI BEACH, FL</b>	
Zip <b>33180</b>		Zip <b>33180</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>04-3714389</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BIRD, JILL 501 NE 2ND AVE HALLANDALE, FL 33009</b>		7. Name and Address of New Registered Agent Name <b>Jill Bird</b> Street Address (P.O. Box Number is Not Acceptable) <b>2450 NE 202nd Street</b> City <b>NORTH MIAMI BEACH, FL</b> Zip Code <b>33180</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 <span style="float: right;">3/3/08</span> <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, 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRD, JILL <b>501 NE 2ND AVE</b> <b>HALLANDALE, FL 33009</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2450 NE 202nd Street</b> <b>NORTH MIAMI BEACH, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSS, PAULA <b>501 NE 2ND AVE</b> <b>HALLANDALE, FL 33009</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2450 NE 202nd Street</b> <b>NORTH MIAMI BEACH, FL 33180</b>
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
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:		3/3/08 (305) 931-6010 <small>Date Daytime Phone #</small>	