

**2006.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90292 039 ***150.00

DOCUMENT # P03000012678

1. Entity Name
KATHY'S GIFT BOX, INC



Principal Place of Business
**10329 CROSS CREEK BOULEVARD
SUITE K
TAMPA, FL 33647 US**

Mailing Address
**10329 CROSS CREEK BOULEVARD
SUITE K
TAMPA, FL 33647 US**

DO NOT WRITE IN THIS SPACE

03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
35-2195461

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VELEZ, KATHRYN J
10329 CROSS CREEK BOULEVARD
SUITE K
TAMPA, FL 33647**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **VELEZ, KATHRYN J**
STREET ADDRESS **10329 CROSS CREEK BOULEVARD SUITE K**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **VP**
NAME **VELEZ, PATRICIO J**
STREET ADDRESS **10329 CROSS CREEK BOULEVARD SUITE K**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE
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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 an officer like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #