

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90104 047 ***150.00

DOCUMENT # P03000041226

1. Entity Name
GIFTED ENTERPRISES, INC.



Principal Place of Business
2901 N.W. COMMERCE PARK DR.
BOYNTON BEACH, FL 33426

Mailing Address
2901 N.W. COMMERCE PARK DR
BOYNTON BEACH, FL 33426

40047754



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0612361

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GEROW, JEFFREY S ESQ.
4800 N. FEDERAL HIGHWAY
SUITE 307B
BOCA RATON, FL 33431

**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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LECHNER, JILL
STREET ADDRESS	5774 ASPEN RIDGE CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D
NAME	RAMPAL, SATISH
STREET ADDRESS	2901 N.W. COMMERCE PARK DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/2/07

581-547-7727