

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103045

Entity Name: LIDIA'S HOUSE OF GIFTS, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 290575
DAVIE, FL 333290575

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 290575
DAVIE, FL 333290575

New Mailing Address:

FEI Number: 81-0632224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, SANDY
4163 SW 67TH AVE., UNIT 207-C
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOMINGUEZ, SANDY
Address: 4163 SW 67TH AVE., UNIT 207-C
City-St-Zip: DAVIE, FL 33314

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CABRERA, DARELYS
Address: 6190 WEST 19 AVE, 208
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY DOMINGUEZ

P

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date