


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90089 047 \*\*\*150.00

<b>DOCUMENT # P04000003243</b> 1. Entity Name GIFT EMPORIUM ENTERPRISE, INC.	
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Principal Place of Business 6550 INTERNATIONAL DRIVE STE # 116 ORLANDO, FL 32819	Mailing Address 2263 POST OAK COURT OCOE, FL 34761
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04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0560465	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

MUZAFFAR, SULTAN  
2263 POST OAK COURT  
OCOE, FL 34761

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY - ST - ZIP	P MUZAFFAR, SULTAN 2263 POST OAK COURT OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SULTAN, MEHAR 2263 POST OAK COURT OCOE, FL 34761
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TITLE 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: Sultan Myaffar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/07  
Date

407-248-3490  
Daytime Phone #