

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90379 031 \*\*\*158.75

**DOCUMENT # P05000000221**

1. Entity Name  
**BARBARA'S GOURMET BASKETS AND GIFTS, INC.**



Principal Place of Business  
**3333 N. FEDERAL HWY., STORE #1  
BOCA RATON, FL 33431**

Mailing Address  
**3333 N. FEDERAL HWY., STORE #1  
BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #  
**6939 Town Harbor Blvd**

3. Mailing Address  
**6939 Town Harbor Blvd**

Suite, Apt. #, etc.  
**# 613**

City & State  
**Boca Raton FL**

Zip  
**33433**

Country  
**Palm Beach**

04252008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3793312**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name  
**Barbara Nichols**

Street Address (P.O. Box Number is Not Acceptable)  
**6939 Town Harbor Blvd # 613**

City  
**Boca Raton**

FL

Zip Code  
**33433**

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 **Barbara J. Nichols** **owner** **4/25/08**

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, 2008 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

**PTSD  
NICHOLS, BARBARA J  
3333 N. FEDERAL HWY., STORE #1  
BOCA RATON, FL 33431**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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: **Barbara J. Nichols** **4/25/08**

Signature and typed or printed name of signing officer or director Date

Daytime Phone #