## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE:

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # P05000025582** 05-01-2006 90410 033 \*\*\*150 00 LASTING IMPRESSIONS GIFT BOUTIQUE, INC. AUU ( Um \* Mailing Address Principal Place of Business 21412 W. DIXIE HIGHWAY 21412 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 NORTH MIAMI BEACH, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162006 CR2E034 (11/05) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREEMAN, PAUL H Street Address (P.O. Box Number is Not Acceptable) 1840 WEST 49TH STREET SUITE 410 HIALEAH, FL 33012 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 п Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Addition ☐ Change TITLE Delete TITLE GLUSMAN, JOYCE NAME NAME STREET ADDRESS 600 PARKVIEW DRIVE, APT. 318 STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE KLEINBART, CRAIG NAME NAME 3640 YACHT CLUB DRIVE, APT. 1010 STREET ADDRESS STREET ADORESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

DUCE GLUSMAN

**FILED**