


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

4/

04-30-2007 90847 008 ***150.00

DOCUMENT # P06000068725			
1. Entity Name THE GIFT WITH A PERSONAL TOUCH, CORP.			
Principal Place of Business 2768 W 68TH PL HIALEAH, FL 33016		Mailing Address 2768 W 68TH PL HIALEAH, FL 33016	
2. Principal Place of Business - No P.O. Box # 3768 W 68th PL		3. Mailing Address 17125 NW 59th Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33016	Country USA	Zip 33012	Country USA
6. Name and Address of Current Registered Agent LOPEZ-CLAVIJO, MIDALYS 2768 W 68TH PL HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAVIJO, GEORGE F 2768 W 68TH PL HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ-CLAVIJO, MIDALYS 2768 W 68TH PL HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Midalys Lopez-Clavijo</u>		Date: <u>2-21-07</u> Daytona Phone #: <u>305-772-7060</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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01042007 Chg-P CR2E034 (12/06)

4. FEI Number **06-1780303** Applied For ☐ Not Applicable ☐

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