

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085006

Entity Name: GIGI'S OF SWFLA INC.

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

1490 PINE ISLAND RD  
UNIT 6E  
CAPE CORAL, FL 33909

## New Principal Place of Business:

## Current Mailing Address:

5229 SW 24TH PLACE  
CAPE CORAL, FL 33914

## New Mailing Address:

FEI Number: 20-5076860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RITUMS, COLLETTE  
5229 SW 24TH PLACE  
CAPE CORAL, FL 33914 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: RITUMS, COLLETTE  
Address: 5229 SW 24TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete  
Name: COCHRAN, JILL  
Address: 256 SE 46TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: COLLETTE RITUMS

P

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date