


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P06000106470 1. Entity Name SHERIDAN CARDS & GIFTS INC.	
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Principal Place of Business 5191 SHERIDAN STREET HOLLYWOOD, FL 33021	Mailing Address 5191 SHERIDAN STREET HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5377561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIVERA, PEDRO L 7725 BANYAN TERRACE TAMARAC, FL 33321
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, PEDRO L 7725 BANYAN TERRACE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERA, PATRICIA E 7725 BANYAN TERRACE TAMARAC, FL 33321
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04/24/08-80084-025 150.00

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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>Pedro L. Rivera</u> PEDRO L. RIVERA 4-9-08 954-258-4049	DATE	DAYTIME PHONE #
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