

FROM :

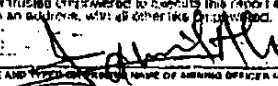
FAX NO. :

5/31

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-03-2007 90052 021 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000121820			
1. Entity Name GIFTSHOP MANAGEMENT, INC			
Principal Place of Business 7670 INTERNATIONAL DR 118 ORLANDO, FL 32819		Mailing Address 7378 PINEMOUNT DR ORLANDO, FL 32819	
2. Principal Place of Business - For P.O. Box		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FE Number: 20-5589055		Applied For Not Applicable	
5. Certificate of Status (Sole) ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALI, JAMIL 7378 PINEMOUNT DR ORLANDO, FL 32819		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 _____ DATE _____			
FILE NOW! FEE IS \$160.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Add to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.			
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 this information 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 recipient of the information, or a 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 information.			
SIGNATURE: 		4/30/07 467354-1451	
SIGNATURE AND TITLE OF PERSON IN CHARGE OF FILING OFFICER OR DIRECTOR		Date	