

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138739

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** GIFT CENTER MANAGEMENT, INC.

**Current Principal Place of Business:**

3262 VINELAND ROAD  
101  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

3262 VINELAND ROAD  
101  
KISSIMMEE, FL 34746 US

**Current Mailing Address:**

3262 VINELAND ROAD  
101  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

3262 VINELAND ROAD  
101  
KISSIMMEE, FL 34746 US

**FEI Number:** 74-3192967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALI, AFTAB  
6715 SUNQUEST DRIVE  
ORLANDO, FL 32835 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALI, AFTAB  
Address: 6715 SUNQUEST DRIVE  
City-St-Zip: ORLANDO, FL 32835 US

I hereby 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 all other like empowered.

SIGNATURE: AFTAB ALI

P

03/15/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date