

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90355 046 ***150.00

DOCUMENT # P07000030019 1. Entity Name BIGGIFT4U.COM, INC.			
Principal Place of Business 20661 JOHNSON STREET #107 PEMBROKE PINES, FL 33029		Mailing Address 20661 JOHNSON STREET #107 PEMBROKE PINES, FL 33029	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 14248 NW 19 ST. Suite, Apt. #, etc.	
City & State Pembroke Pines FL		4. FEI Number 20-8556807	
Zip 33028		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Vito Dioguardi Street Address (P.O. Box Number is Not Acceptable) 14248 NW 19TH STREET City Pembroke Pines FL	
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 of principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/21/08	
FILE NOW!!! FEES \$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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIOGUARDI, VITO 20661 JOHNSON STREET, #107 PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 persons empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/21/08 (954) 548-0182 <small>Daytime Phone #</small>	

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