2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104200

Entity Name: MIAMI MART GIFTS & NOVELTIES, INC.

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

755 N.W. 72ND AVENUE 2576 N.W. 20TH STREET

ONE PLAZA 8 27
MIAMI, FL 33126 MIAMI, FL 33142

Current Mailing Address: New Mailing Address:

755 N.W. 72ND AVENUE 2576 N.W. 20TH STREET ONE PLAZA 8 27

FEI Number: 51-0647460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

 GELLER, SAMUEL
 GELLER, SAMUEL

 755 N.W. 72ND AVENUE
 2576 N.W. 20TH STREET

 ONE PLAZA 8
 27

 MIAMI, FL 33126 US
 MIAMI, FL 33142 US

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: 01/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: GELLER, SAMUEL Name: GELLER, SAMUEL

Address: 777 N.W. 72ND AVENUE, STE ONE PLAZA 8 Address: 2576 N.W. 20TH STREET , SUITE # 27 City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33142

Title: VP () Delete Title: () Change () Addition

 Name:
 STEVENS, CAROLINA
 Name:

 Address:
 1200 N.E. 183RD STREET, STE 309
 Address:

 City-St-Zip:
 MIAMI, FL 33179
 City-St-Zip:

Title: () Delete Title: STD () Change (X) Addition

Name: Name: GELLER, ARIE

Address: Address: 3255 N.E. 184TH STREET, APT # 12401

City-St-Zip: City-St-Zip: MIAMI, FL 33160

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: STEVENS CAROLINA VP 01/28/2009