

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101019

FILED  
Apr 05, 2012  
Secretary of State

Entity Name: GIFTS & DESIGNS, INC.

**Current Principal Place of Business:**

40 N.E. 1 AVE. STE 402  
SUITE 402  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

40 N.E. 1 AVE. STE 402  
SUITE 402  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 38-3792708      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GARCIA, ROBERTO  
2469 SW 102 CT  
MIAMI, FL 33165      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: DP  
Name: LORENZO, PARIDE D  
Address: 40 N.E. 1 AVE. STE 402  
City-St-Zip: MIAMI, FL 33132

Title: D  
Name: RAITERI, SILVIA  
Address: 40 N.E. 1 AVE. STE 402  
City-St-Zip: MIAMI, FL 33132

Title: SD  
Name: RODRIGUEZ, DANAE  
Address: 40 N.E. 1 AVE. STE 402  
City-St-Zip: MIAMI, FL 33132

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: PARIDE DI LORENZO

DP

04/05/2012

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

\_\_\_\_\_ Date