

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000092638

Entity Name: FLORIDA GIFT LINE INC

FILED  
Feb 02, 2011  
Secretary of State

**Current Principal Place of Business:**

3474 WEST 84 STREET  
104  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

3474 WEST 84 STREET  
104  
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

FEI Number: 27-4292561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

QUICK BOOKKEEPING & ACCOUNTING LLC  
4474 WESTON ROAD  
134  
WESTON, FL 33331 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: ODDE-RIVERA, RIHANEH  
Address: 21407 DOLLAN FALL LANE  
City-St-Zip: KATY, TX 77450 US

Title: VP  
Name: BRICENO ODDE, HABIBI  
Address: 16723 HEMINGWAY DRIVE  
City-St-Zip: WESTON, FL 33326 US

Title: VP  
Name: SALAZAR, ELOY  
Address: 16723 HEMINGWAY DRIVE  
City-St-Zip: WESTON, FL 33326 US

Title: VP  
Name: ODDE DE BRICENO, LESBIA  
Address: BLVD DEL CAFETAL EDIF CATATUMBO PISO 9-91  
City-St-Zip: EL CAFETAL, CARACAS, DF 1060 VE

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: HABIBI BRICENO ODDE

VP

02/02/2011

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

\_\_\_\_\_  
Date