## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P96000003326

Entity Name

SUPÉR GIFT DISCOUNT, INC.



FILED Jul 12, 2007 8:00 am Secretary of State

07-12-2007 90056 022 \*\*\*150.00

Principal Place of Business

Mailing Address

5799 W IRLO BRANSON KISSIMMEE, FL 34746 7543 INTERNATIONAL DR Orlando, FL 32819 US



07032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3368033

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHAN, JASEEM 9314 CYPRESS COVE DRIVE ORLANDO, FL 32819

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ONDANDO	5,12 52013			IN <sup>-</sup>	THIS SPACE	
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and tale	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE  D KHAN, JASEEM 9314 CYPRESS COVE DRIVE ORLANDO, FL 32819	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADORESS			<u>.</u>			

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 otherlike empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jascem Khan

7.4.67

467/351-198

Daytime Phone #