FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2006 8:00 am
Secretary of State
06-21-2006 90001 030 ***150.00
07-19-2006 90006 019 ***400.00

DOCUMENT # P96000073448

1. Entity Name
Gifts 4 Less, Inc

40100082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1210 Bronson Mem. Hwy.	SAME
Suite, Apt. #, etc.: 5043	Suite, Apt. #, etc.: 5043
City & State: Kissimmee	City & State: FL.
Zip: 34746 Country: Osceola	Zip: 34746 Country: Osceola

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3403068 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required for filing

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Manager / Owner
NAME	Isam S. Naser
STREET ADDRESS	9775 Bay Vista East Blvd.
CITY-ST-ZIP	Orl. FL 32836

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 06/12/06 (407) 694 5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #