

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 573976

**Entity Name:** FLAGLER LUGGAGE & GIFT CORP.

**Current Principal Place of Business:**

264 EAST FLAGLER STREET  
MIAMI, FL 33131

**Current Mailing Address:**

264 EAST FLAGLER STREET  
MIAMI, FL 33131 13

**FEI Number:** 59-1918342

**Certificate of Status Desired:** No

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

AXELROD, SAMUEL  
520 BRICKEL KEY DR APT 614  
MIAMI , FL 33131 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name AXELRAD, SAMUEL  
Address 520 BRICKEL KEY DR APT 614  
City-State-Zip: MIAMI FL 33131

*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:** SAMUEL AXELRAD

**PRESIDENT**

**01/08/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date