

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 16, 2004 08:00 AM

Secretary of State

DOCUMENT # 326482 1. Entity Name CURBSIDE FLORIST & GIFTS, INC.	
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Principal Place of Business 16115 SW 117 AVE STE 10 MIAMI, FL 33177 US	Mailing Address 16115 S 117 AVE STE 10 MIAMI FLA, 33177 US
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1203362	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

**NEIDHART, PAUL R
15800 SW 79TH AVE
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000052554 02/16/04-80098-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, LINDA 16550 S.W. 77TH COURT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEIDHART, PAUL R, JR 7835 SW 158TH TERR. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEIDHART, PAUL R 15800 S W 79TH AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD NEIDHART, LOIS M 15800 S W 79TH AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: Lois Neidhart **LOIS NEIDHART** 2-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305 233-2668