

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 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



01052007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent NEIDHART, PAUL R 15800 SW 79TH AVE MIAMI, FL 33157	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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 15840 SW 79 COURT 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	

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03/08/07-80040-019 150.00

DO NOT WRITE IN THIS SPACE

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 other like empowered.

SIGNATURE: <i>Lois M. Neidhart</i>	Date: <i>2/26/07</i>	Daytime Phone #: <i>305 233-2668</i>
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Lois M. Neidhart