

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90079 002 \*\*\*150.00

DOCUMENT # F54473

1. Entity Name

SEN-MOR FRUITS & FLOWERS, INC.



Principal Place of Business

8945 BISCAYNE BLVD  
MIAMI SHORE FL 33138  
US

Mailing Address

8945 BISCAYNE BLVD  
MIAMI SHORE FL 33138  
US



2. Principal Place of Business - No P.O. Box #

8975 N.E. 6<sup>th</sup> AVE

Suite, Apt. #, etc.

3. Mailing Address

8975 N.E. 6<sup>th</sup> AVE

Suite, Apt. #, etc.

City & State

MIAMI Shores FLA

City & State

MIAMI Shores FLA

Zip

33138

Country

Dade

Zip

33138

Country

Dade

4. FEI Number

59-2139892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

IRIZZARY, HECTOR  
8945 BISCAYNE BLVD  
MIAMI SHORES FL 33138

7. Name and Address of New 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**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: DP ☐ Delete  
NAME: IRIZZARY, HECTOR  
STREET ADDRESS: 8945 BISCAYNE BLVD  
CITY- ST- ZIP: MIAMI SHORE FL

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
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STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
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NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #