

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L79370		
1. Entity Name A & L FLA SW WHOLESALE SUPPLIES, INC.		

Principal Place of Business %ALL FLOWERS, INC 3608 TAMiami TRAIL, E NAPLES FL 34112 US	Mailing Address %ALL FLOWERS INC. 3608 TAMiami TRIAL E. NAPLES FL 34112 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address % ALL Flowers 1951 Pine Ridge Rd. #105	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34109	Country	Zip 34109	Country COLLIER

1st MOORE CR2E034 (10/05)

5. Name and Address of Current Registered Agent PREVITI, PETER, ESQ. 5825 SUNSET DRIVE SUITE 210 MIAMI FL 33143		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	OPST ALBERICI, ADOLPH 5803 CHARLTON WAY NAPLES FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition U000000491618 04/19/06-80029-007 150.00
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition U000000491618 04/19/06-80029-008 8.75
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition

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: Adolph Alberici **3/25/06 2395913591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #