


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90444 034 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

50014890

DOCUMENT # M85845			
1. Entity Name FLOREL, INC.			
Principal Place of Business 10200 NW 25TH ST. STE 209 MIAMI, FL 33172 US		Mailing Address 10200 NW 25TH SE MIAMI, FL 33172 US	
2. Principal Place of Business		3. Mailing Address 10200 NW 25 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 209	
City & State		City & State MIAMI FL	
Zip	Country	Zip 33172	Country US
4. FEI Number 65-0056028		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEST ACCOUNTING, INC. 10200 NW 25TH ST. STE 209 MIAMI, FL 33172		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
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.		DATE	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)</small>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$300.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P GONTHIEZ, FREDERIC 96 RUE DHAVERNAS 80000 AMIENS FRANCE.	TITLE	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V GONTHIEZ, HENRI BAVELIN COURT 80280 FRANCE,	TITLE	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>Henri Gonthiez</i> Mr. GONTHIEZ HENRI		Date: 4/18/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	