


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90008 030 ***150.00

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1. Entity Name
TROPICAL FLOWERS ENTERPRISES, INC.



Principal Place of Business
**3300 EAST 4TH AVE #4
 HIALEAH, FL 33013**

Mailing Address
**3300 EAST 4TH AVE #4
 HIALEAH, FL 33013**

DO NOT WRITE IN THIS SPACE



07242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1169534

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, AMARILYS D
 7305 WEST 7TH COURT
 HIALEAH, FL 33014**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD. GOMEZ, AMARILYS D 3300 EAST 4TH AVE #4 HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD QUIRANTES, JORGE G 3300 EAST 4TH AVE #4 HIALEAH, FL 33013
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Amarilys Gomez** **7/24/06** **(305) 883 0093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #