


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000006303
 1. Entity Name
FLORAL LOGISTICS OF MIAMI, INC.



Principal Place of Business 1351 N.W. 78TH AVE. MIAMI, FL 33126	Mailing Address 1351 N.W. 78TH AVE. MIAMI, FL 33126
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04192006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0861190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAJIA, EDISON
 1351 NW 78TH AVENUE
 MIAMI, FL 33126

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature typed or printed name of registered agent and title if applicable
 1000000524239
 05/03/06-80109-024 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MILMAN, RALPH 1351 NW 78TH AVENUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP AGUIRREBENA, CARLOS 7100 W 16TH AVENUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS EDISON, MEJIA 12354 SW 7TH LANE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 or 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 lines empowered

SIGNATURE: _____ (Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/19/06 Daytime Phone #: (305) 471-7710