


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000017475**

1. Entity Name  
**FLOWERSOURCE, INC.**



Principal Place of Business <b>9800 NW 17TH STREET          MIAMI, FL 33172</b>	Mailing Address <b>111 S.W. 3RD STREET          SIXTH FLOOR          MIAMI, FL 33130</b>
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0899208</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, ELLIOTT  
 111 S.W. 3RD STREET  
 SIXTH FLOOR MCCORMICK BLDG.  
 MIAMI, FL 33130**

**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) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

000000052268  
 102216/04-80084-013 159 75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARELA, ALVARO 111 SW 3RD ST., 6TH FL MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VARELA, MARIO 111 SW 3RD ST., 6TH FL MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HARRIS, ELLIOTT 111 SW 3RD ST., 6TH FL MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, ANA 111 SW 3RD ST., 6TH FL MIAMI, FL 33130
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 exemption stated in Section 119.07(3)(i), 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:  **2/3/04 (305) 477-0291**

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