


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # V28749		
1. Entity Name ACE BOUQUETS INTERNATIONAL, INC.		
Principal Place of Business 3315 N.W. 74TH AVE. MIAMI, FL 33122	Mailing Address 3315 N.W. 74TH AVE. MIAMI, FL 33122	



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0329133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FERNANDEZ, LOURDES
3315 N.W. 74TH AVE.
MIAMI, FL 33122

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

DATE
01/22/08-80018-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FARALDO, JOSE, JR.
STREET ADDRESS	6581 W. 11 LANE
CITY-ST-ZIP	HIALEAH, FL
TITLE	VD
NAME	FARALDO, MARIA
STREET ADDRESS	6581 W. 11 LANE
CITY-ST-ZIP	HIALEAH, FL
TITLE	SD
NAME	FERNANDEZ, LOURDES
STREET ADDRESS	6581 W. 11 LANE
CITY-ST-ZIP	HIALEAH, FL
TITLE	TD
NAME	FARALDO, CLARA
STREET ADDRESS	6581 W. 11 LANE
CITY-ST-ZIP	HIALEAH, FL
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 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: Jose Faraldo Jr **JOSE FARALDO JR.** 1/16/08 305-599-8895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #