

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000012518

1. Entity Name  
A B B FLOWERS, INC.



FILED

05 FEB 16 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4021 NW 7TH ST  
MIAMI, FL 33126

Mailing Address  
4021 NW 7TH ST  
MIAMI, FL 33126

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



02112005 Chg-P CR2E034 (10/03)

4. FEI Number  
04-3783828

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ALFONSO, JOSE L  
7370 SW 12TH ST  
MIAMI, FL 33144

## 7. Name and Address of New Registered Agent

Name  
BIENVENIDO LEO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)  
6150 TAMiami CANAL RD

City  
MIAMI

FL Zip Code  
33126

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]* BIENVENIDO LEO RODRIGUEZ/PRES. 2/11/2005  
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  
After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE PT ~~XXX~~ Delete  
NAME ALFONSO, JOSE L  
STREET ADDRESS 7370 SW 12TH ST  
CITY-ST-ZIP MIAMI, FL 33144

TITLE VS ☐ Delete  
NAME RODRIGUEZ, BIENVENIDO L  
STREET ADDRESS 6150 TAMiami CANAL RD  
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ~~XX~~ Change ☐ Addition  
NAME BIENVENIDO LEO RODRIGUEZ  
STREET ADDRESS 6150 TAMiami CANAL RD  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Addition  
NAME 100047310891  
STREET ADDRESS 02/25/05--01048--013 \*\*158.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]* BIENVENIDO LEO RODRIGUEZ 2/11/2005  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone # *[Signature]*