

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135510

FILED
Aug 10, 2006
Secretary of State

Entity Name: BABY FLOWERS & GIFTS, CORP

Current Principal Place of Business:

4811 NW. 167 STREET
MIAMI, FL 33055

New Principal Place of Business:

4811 NW 167 STREET
MIAMI, FL 33055

Current Mailing Address:

4811 NW. 167 STREET
MIAMI, FL 33055

New Mailing Address:

4811 NW 167 STREET
MIAMI, FL 33055

FEI Number: 20-3656288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADAGAN BUSINESS SOLUTIONS & ASSOCIATES
5440 STATE ROAD 7
221
FORT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

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.

SIGNATURE: FERNANDO SILVA

08/10/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRISTANCHO, ROSARIO
Address: 4811 NW 167 STREET
City-St-Zip: MIAMI, FL 33055 US

Title: VP () Delete
Name: CRISTANCHO, ROSARIO
Address: 4811 NW 167 STREET
City-St-Zip: MIAMI, FL 33055 US

Title: S (X) Delete
Name: CRISTANCHO, ROSARIO
Address: 4811 NW 167 STREET
City-St-Zip: MIAMI, FL 33055 US

Title: T (X) Delete
Name: CRISTANCHO, ROSARIO
Address: 4811 NW 167 STREET
City-St-Zip: MIAMI, FL 33055 US

Title: D (X) Delete
Name: CRISTANCHO, ROSARIO
Address: 4811 NW 167 STREET
City-St-Zip: MIAMI, FL 33055 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRISTANCHO, ROSARIO
Address: 4811 NW 167 STREET
City-St-Zip: MIAMI, FL 33055 US

Title: VP (X) Change () Addition
Name: PRADA, EDUARDO
Address: 4811 NW 167 STREET
City-St-Zip: MIAMI, FL 33055 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSARIO CRISTANCHO

PD

08/10/2006

Electronic Signature of Signing Officer or Director

Date