

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000049058

**Entity Name:** OMEL FLOWERS & DESIGN CORP

**Current Principal Place of Business:**

5898 W 16TH AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

5898 W 16TH AVE  
HIALEAH, FL 33012

**FEI Number:** 47-1052166

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANDRADE, MARIA  
5898 W 16TH AVE  
HIALEAH, FL 33012 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                  |                 |                  |
|-----------------|------------------|-----------------|------------------|
| Title           | VP               | Title           | P                |
| Name            | SALINAS, JUAN    | Name            | ANDRADE, MARIA   |
| Address         | 5898 W 16TH AVE  | Address         | 5898 W 16TH AVE  |
| City-State-Zip: | HIALEAH FL 33012 | City-State-Zip: | HIALEAH FL 33012 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARIA ANDRADE

P

05/01/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date