


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90248 036 \*\*\*150.00

<b>DOCUMENT # 288512</b>	
1. Entity Name <b>FLOWERS ROYALE, INC.</b>	

Principal Place of Business <b>7455 N.W. 8 ST. MIAMI, FL 33126</b>	Mailing Address <b>7455 N.W. 8 ST. MIAMI, FL 33126</b>
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**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1098653</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FERRO, JULIO  
6988 SUNRISE DRIVE  
CORAL GABLES, FL 33133**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>FERRO, JULIO</b>
STREET ADDRESS <b>6988 SUNRISE DRIVE</b>	CITY-ST-ZIP <b>CORAL GABLES, FL 33143</b>
TITLE <b>STD</b>	NAME <b>PADIAL, NORA</b>
STREET ADDRESS <b>10220 S.W. 91ST STREET</b>	CITY-ST-ZIP <b>MIAMI, FL 33196</b>
TITLE <b>JO</b>	NAME <b>Julio N Ferro</b>
STREET ADDRESS <b>1515 SW 92 AVE</b>	CITY-ST-ZIP <b>Miami, FL 33176</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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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:** *Jose Padial* **4/30/04 (308) 2621577**

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