# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 09, 2008 8:00 am**
**Secretary of State**
03-24-2008 90039 029 *****8.75
05-09-2008 90005 012 ***141.25

DOCUMENT # 288512

1. Entity Name
FLOWERS ROYALE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7455 N.W. 8 ST.<br>MIAMI FL 33126 | ~~7455 N.W. 8 ST.~~<br>~~MIAMI FL 33126~~ 12650 NW 107<br>33178 |

1st MOORE CR2E034 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 12650 NW 107 Avenue | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Medley FL | City & State |
| Zip: 33178 Country | Zip Country: USA |

4. FEI Number: 59-1098653 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FERRO, JULIO<br>6988 SUNRISE DRIVE<br>CORAL GABLES FL 33133 ← Change address | Name: Ferro Julio<br>Street Address (P.O. Box Number is Not Acceptable): 7211 Ponce de Leon Rd.<br>City: Miami FL Zip Code: 33143 |

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing it)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FERRO, JULIO<br>7211 PONCE DE LEON RD<br>MIAMI FL 33143 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>PADIAL,NORA<br>10220 S.W. 91ST STREET<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>FERRO, JULIO N<br>11515 SW 92 AVE<br>MIAMI FL 33176 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Jen Patel 3/10/08 305-863-8593
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #