

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 8:00 am
Secretary of State

01-14-2008 90092 047 ***150.00

DOCUMENT # 289236 1. Entity Name ANTHONY'S FLORIST & GIFTS, INC.	
---	---

Principal Place of Business 701 HALLANDALE BLVD HALLANDALE, FL 33009	Mailing Address 701 E HALLANDALE BLVD HALLANDALE, FL 33009
--	--



01072008 No Chg-P CR2E034 (11/05)

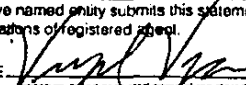
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1086011	Applied For ☐ Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent VIRGA, VIRGIL 701 E HALLANDALE BLVD HALLANDALE, FL 33009

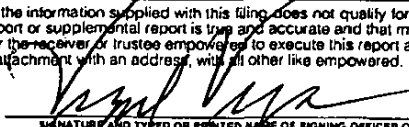
**DO NOT WRITE
IN THIS SPACE**

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 reappointing)	DATE
--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIRGA, VIRGIL P SR 701 E HALLANDALE BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIRGA, EARLEEN M 701 E HALLANDALE BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VIRGA, NANCY 701 HALLANDALE BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  (NOTE: Signature and typed or printed name of signing officer or director)	Date: 2/22/08 95445715 20 Daytime Phone #
---	--