

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90219 042 \*\*\*150.00

**DOCUMENT # 512687**

1. Entity Name  
ANRI DESIGNS BY FLORIDA FLOWER, INC.



40030233

Principal Place of Business  
4141 NE 2ND AVE.  
STE 101  
MIAMI, FL 33137 US

Mailing Address  
4141 NE 2ND AVE.  
STE 101  
MIAMI, FL 33137 US

2. Principal Place of Business - No P.O. Box #

4141 NE 2ND AVE.

3. Mailing Address

STE 101

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

MIAMI FL 33137

City & State

MIAMI FL

Zip

33137

Country

FL

Zip

33137

Country

FL

04282008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1708187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LECOURS, HENRY  
1237 SW 131ST PLACE CIRCLE WEST  
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*H. Lecon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/08

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 DP ☐ Delete  
NAME LECOURS, HENRY  
STREET ADDRESS 1237 SW 131ST PL CR W  
CITY-ST-ZIP MIAMI, FL 33184

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME V.D. COLLADI, Martha  
STREET ADDRESS 3590 SW 145 AVE  
CITY-ST-ZIP MIAMI, FL 33027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*H. Lecon* Henry Lecon, President

Date

Daytime Phone #

4/29/08 305-498-0800