

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 520260

Entity Name: DOLLY'S FLORIST, INC.

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

14700 N W 7TH AVE
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

14700 N W 7TH AVE
MIAMI, FL 33168

New Mailing Address:

FEI Number: 59-1709091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA FLOR, LILLIAN
1185 N.W. 90TH TERRACE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DE LA FLOR, LILLIAN,
Address: 1185 N.W. 90TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P () Delete
Name: DELAFLO, NEIL
Address: 1185 NW 90TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: M () Delete
Name: LUE, KIMBERLY
Address: 1185 N.W. 90 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DE LA FLOR, LILLIAN,
Address: 1185 N.W. 90TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP (X) Change () Addition
Name: DELAFLO, NEIL
Address: 1185 NW 90TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: M (X) Change () Addition
Name: LUE, KIMBERLY
Address: 7221 BRANCH ST
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIM LUE

M

04/14/2008

Electronic Signature of Signing Officer or Director

Date