

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 552820

Entity Name: MANAS FLORIST, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

3400 SW 8TH STREET
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGOON DRIVE
SUITE200
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-1846203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DRIVE
200
MIAMI, FL 33126 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: PSDT () Delete
Name: MANAS, JUAN
Address: 3400 SW 8TH
City-St-Zip: MIAMI, FL 33135 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MANAS, BRIAN
Address: 3400 SW 8TH STREET
City-St-Zip: MIAMI, FL 33135 US

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: JUAN MANAS

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date