


**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90017 030 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # F42101**

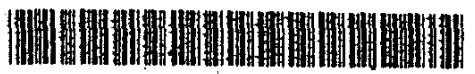
1. Entity Name  
**EDEN FLORAL FARM, INC.**



Principal Place of Business      Mailing Address

**2153 NW 86TH AVENUE**      **2153 NW 86TH AVENUE**  
**DORAL, FL 33122**                      **DORAL, FL 33122**

**50056871**



2. Principal Place of Business      3. Mailing Address

**24 LINK DRIVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**ATTN: LEGAL DEPT**

City & State      City & State

**ROCKLEIGH NJ**

Zip      Country      Zip      Country

**07647**      **BERGEN**

06302005      Chg-P      -GR2E034 (10/03)

4. FEI Number      Applied For

**58-2155990**                      Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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 *Richard Perea*      **Richard Perea**      **7-13-05**

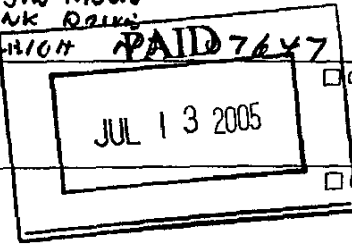
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREA, RICHARD J PD 2153 NW 86TH AVE DORAL, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/DIRECTOR KENNETH R. BATES 24 LINK DRIVE ROCKLEIGH NJ 07647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LA ROSA, PUBLIO 2153 NW 86TH AVE DORAL, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JACK N. JEWELL 24 LINK DRIVE ROCKLEIGH NJ 07647 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STAIR, PETER J V 2153 NW 86TH AVE DORAL, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DANIEL F. GRAY 24 LINK DRIVE ROCKLEIGH NJ 07647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STAIR, FUMIE T 2153 NW 86TH AVE DORAL, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HYUN JIN MOON 24 LINK DRIVE ROCKLEIGH NJ 07647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition




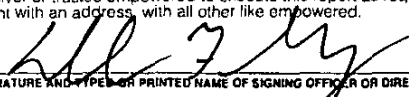
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: *Daniel F Gray*      **DANIEL F GRAY**      **7/13/2005**      **201-750-5650 x367**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # F42101</b> 1. Entity Name EDEN FLORAL FARM, INC.			
Principal Place of Business 2153 NW 86TH AVENUE DORAL, FL 33122		Mailing Address 2153 NW 86TH AVENUE DORAL, FL 33122	
2. Principal Place of Business		3. Mailing Address 24 LINK DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: LEGAL DEPT	
City & State		City & State ROCKLEIGH, NJ	
Zip	Country	06302005 Chg-P CR2E034 (10/03)	4. FEI Number 59-2155990
07647	BERGEN	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREA, RICHARD J PD 2153 NW 86TH AVE DORAL, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Director Kenneth R. Bates 24 Link Drive Rockleigh, NJ 07647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LA ROSA, PUBLIO 2153 NW 86TH AVE DORAL, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jack N. Jewell 24 Link Drive Rockleigh, NJ 07647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STAIR, PETER J.V 2153 NW 86TH AVE DORAL, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Daniel F. Gray 24 Link Drive Rockleigh, NJ 07647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STAIR, FUMIE T 2153 NW 86TH AVE DORAL, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hyun Jih Moon 24 Link Drive Rockleigh, NJ 07647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DANIEL F GRAY	7/1/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # 201-750-5650 x364

50056871

