

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90911 044 ***158.75

0207479 AV

DOCUMENT # F42101

1. Entity Name
EDEN FLORAL FARM, INC.



Principal Place of Business
**2153 NW 86TH AVENUE
MIAMI FL 33122**

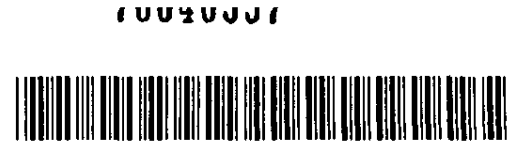
Mailing Address
**2153 NW 86TH AVENUE
MIAMI FL 33122**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2155990** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DE LA ROSA, PUBLIO
2153 NW 86TH AVENUE
MIAMI FL 33122

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> Delete
NAME	DE LA ROSA, MARIA
STREET ADDRESS	2153 NW 86TH AVE
CITY-ST-ZIP	MIAMI FL 33122
TITLE	PD <input type="checkbox"/> Delete
NAME	DE LA ROSA, PUBLIO
STREET ADDRESS	2153 NW 86TH AVE
CITY-ST-ZIP	MIAMI FL 33122
TITLE	V <input type="checkbox"/> Delete
NAME	STAIR, PETER
STREET ADDRESS	2153 NW 86TH AVE
CITY-ST-ZIP	MIAMI FL 33122
TITLE	S <input type="checkbox"/> Delete
NAME	STAIR, FUMIE
STREET ADDRESS	2153 NW 86TH AVE
CITY-ST-ZIP	MIAMI FL 33122
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: **SIGNATURE FUMIE STAIR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04-09-03** Daytime Phone #: **305 591-3024**

CFR2E034 (10/02)