

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000003281

1. Entity Name
AMERICAN FLOWER GROUP INC.



Principal Place of Business
**179-15 149TH RD
JAMAICA, NY 11413-5607 US**

Mailing Address
**8410 NW 17TH ST
MIAMI, FL 33126**



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3326645

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCPHERSON, CINDY
8410 NW 17TH ST
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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

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
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	D
NAME	VAN ZIJVERDEN, MARCO
STREET ADDRESS	MAGNOLIA 1 1430
CITY-ST-ZIP	AALSMEER, HOLLAND,
TITLE	D
NAME	BROCKHOFF, HARRY
STREET ADDRESS	MAGNOLIA 1 1430
CITY-ST-ZIP	AALSMEER, HOLLAND,
TITLE	VP
NAME	VINK, ALBERT
STREET ADDRESS	88 ROCKY BROOK RD
CITY-ST-ZIP	NEW CANAAN, CT 06840
TITLE	D
NAME	HOOGENBOOM, PAUL
STREET ADDRESS	1430 BD
CITY-ST-ZIP	AALSMEER, HOLLAND,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 244-7400 x560
Date Daytime Phone #