


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90051 023 ***150.00

DOCUMENT # G04821
 1. Entity Name
 FLOWERS BY ROSA, INC.



Principal Place of Business
 125 NORTH DIXIE HIGHWAY
 POMPANO BEACH, FL 33060

Mailing Address
 125 NORTH DIXIE HIGHWAY
 POMPANO BEACH, FL 33060

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip

Country

Country



04062004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1883258

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAMPKIN, ROSA L
 1841 NW 7TH TERRACE
 POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMPKIN, ROSA L	
STREET ADDRESS	1841 NW 7TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TROUTMAN, SANDERS	
STREET ADDRESS	1841 NW 7TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	TROUTMAN, GWENDOLYN	
STREET ADDRESS	337 SW 2ND PLACE	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	TROUTMAN, LAVERNE	
STREET ADDRESS	620 NW 8TH AVE, APT Q	
CITY-ST-ZIP	POMPANO BEACH, FL	
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)(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: *Rosa Lampkin Pres.* **4/10/04** **954 443 8889**

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