


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

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		7. Name and Address of New Registered Agent	
LAMPKIN, ROSA L 1841 NW 7TH TERRACE POMPANO BEACH FL 33060		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 *Rosa Lampkin*
Signature: typed or printed name of registered agent and fee # applicable

(NOTE: Registered Agent signature required when resigning)

DATE

3/13/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPKIN, ROSA L		NAME		
STREET ADDRESS	1841 NW 7TH TERRACE		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, SANDERS		NAME		
STREET ADDRESS	1841 NW 7TH TERRACE		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL		CITY - ST - ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, GWENDOLYN		NAME		
STREET ADDRESS	337 SW 2ND PLACE		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL		CITY - ST - ZIP		
TITLE	VDS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, LAVERNE		NAME		
STREET ADDRESS	620 NW 8TH AVE, APT Q		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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03/28/06-80003-016 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rosa L Lampkin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06 *9549438849*
Date Document Number