


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # G04821 1. Entity Name FLOWERS BY ROSA, INC.	
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Principal Place of Business 1841 S. DIXIE HWY POMPAÑO BEACH, FL 33060	Mailing Address 1841 S. DIXIE HWY POMPAÑO BEACH, FL 33060
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04132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1883258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAMPKIN, ROSA L 1841 NW 7TH TERRACE POMPAÑO BEACH, FL 33060

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

U00000927396
05/20/08-80105-011 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMPKIN, ROSA L 1841 NW 7TH TERRACE POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TROUTMAN, SANDERS 1841 NW 7TH TERRACE POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TROUTMAN, GWENDOLYN 337 SW 2ND PLACE POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS TROUTMAN, LAVERNE 620 NW 8TH AVE, APT Q POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

Date

Daytime Phone #