2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# G04821

Entity Name: FLOWERS BY ROSA, INC.

Current Principal Place of Business:

1841 S. DIXIE HWY
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1841 S. DIXIE HWY
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-1883258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAMPKIN, ROSA L
Address: 1841 NW 7TH TERRACE
City-St-Zip: POMPANO BEACH, FL

Title: VD ( ) Delete
Name: TROUTMAN, SANDERS
Address: 1841 NW 7TH TERRACE
City-St-Zip: POMPANO BEACH, FL

Title: VTD ( ) Delete
Name: TROUTMAN, GWENDOLYN
Address: 337 SW 2ND PLACE
City-St-Zip: POMPANO BEACH, FL

Title: VDS ( ) Delete
Name: TROUTMAN, LAVERNE
Address: 620 NW 8TH AVE, APT Q
City-St-Zip: POMPANO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVERNE TROUTMAN VDS 05/26/2009

Electronic Signature of Signing Officer or Director Date