2005

DOCUMENT # J14402

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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May	11, 20	005	8:00	am
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COLD GUDIES, II SSIIO	1. Entity Name	e				
2. Principal Place of Statehoss 1.51.5 Sunset Dr. 1.51.5 Sunset Su	De Lott	us Flower Shop,	Inc.	f t		
2. Principal Place of Business 1515 Sunset Dr.		DO NOT WRITE	IN THIS SPACE			
Sulfi, April 6, etc.					5	0051604
Suite, Apt. 4, etc. City & State City & State City & State Coral Gables, FL Coral Gables, FL Coral Gables, FL S9-2680978 Applicable Sp. FL Coral Gables, FL Coral Gables, FL S9-2680978 Application of State Sp. FL S9-2680978 Annual Gables, FL S9-2680978 Application of Coral Gables FL S9-2680978 Annual Gables, FL S9-2680978 Annual Gables, FL S9-2680978 Application of Coral Gables FL S9-2680978 Annual Application of Coral Gables FL S9-2680978 Annual Gables, FL S9-2680978 Annual Gables, FL S9-2680978 Application of Coral Gables FL S9-2680978 Annual Application of Coral Gables FL S9-2680978 Annual Application Description of Coral Gables FL Coral Gables FL S9-2680978 Annual Application Description of Coral Gables FL S9-2680978 Annual Application Description of Coral Gables FL Coral Gables FL S9-2680978 Annual Application Description of Coral Gables FL Coral Gables FL S9-2680978 Annual Application Description of Coral Gables FL Coral Gables FL Coral Gables FL S9-2680978 Annual Application Description of Coral Gables FL Coral Gable	2. Principal P	lace of Business	3. Mailing Address		-	
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Coral Gables, FL Coral Gables, FL S9-2680978 Mot Applicable 20	• •		, , .			
Summer S				- 57		
S. Certificate of Status Desired Fee Required						
Name		USA	33143	•	5. Certificate of Status Desired	Fee Required
Bacardi, Ruby Steel Address (PO. Dox Number is Not Acceptable)		DO NOT WRITE IN TH	11S SPACE	Name	7. Name and Address of Current Registere	J Agent
Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature required when reinstating) DATE JAMES ATTENDAY, 1-fice is \$350.00 Anter May 1-fice is \$350.00				Bacard.	i, Ruby	***
City Coral Gables FL Zip Code 331146 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, tyned or primed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE Alancarry 1: May 1 Five In \$190.00 Animal May 1 Five In \$190.00 A				Street Addres	s (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Signature by seed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Attention 1, Fee is \$55.00 After May 1, Fee is \$50.00 A				3030 H	ayılada be.	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Signature by seed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Attention 1, Fee is \$55.00 After May 1, Fee is \$50.00 A						1=: -
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Januarry 1. May 1 Fee is \$150.00 After May 1, Fee is \$50.00.00 After May 1, Fee is \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAKE D/P/S/T Bacardi, Ruby STREET ADDRESS CITY-ST-2B TITLE NAME STREET ADD				City Coral (Gables FL	Zip Code 33146
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - Mary 1 Fee is \$150.00 Arrended UBR is \$41.25 Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS TITLE D/ P/S/T MAKE STREET ADDRESS CITY - 57 - ZP TITLE NAME STREET ADDRESS CITY - 57 - ZP	and accept	the obligations of registered agent.				
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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 cath; 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 off an attact man address, with all other like empowered.

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STF FL32381F.1

Purcula Bacardi

SYGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

m5-m9-05

305-666-4200

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