

2007

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

4/5

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90060 014 \*\*\*150.00

<b>DOCUMENT # J14402</b> 1. Entity Name De Lottus Flower Shop, Inc.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 1515 Sunset Dr. <small>Suite, Apt. #, etc.</small>			3. Mailing Address 1515 Sunset Dr. <small>Suite, Apt. #, etc.</small>		
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 59-2680978	
Zip 33143	Country USA	Zip 33143	Country USA	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent Name Bacardi, Ruby Street Address (P.O. Box Number is Not Acceptable) 5830 Maynada St. City Coral Gables FL Zip Code 33146	
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 <span style="float: right;">4 20 07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 4 Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$81.26 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Bacardi, Ruby 5830 Maynada St. Coral Gables, FL 33146			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<b>DO NOT WRITE IN THIS SPACE</b>					
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 on an attachment with an address, with all other like empowered.					
SIGNATURE:  Ruby Bacardi <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4 20 07 305-666-4200 <small>Date Daytime Phone #</small>	