


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # J74508  
 1. Entity Name  
 COCONUT CREEK FLOWERS & THINGS, INC.



Principal Place of Business      Mailing Address  
 31 NE 1ST AVENUE                      31 NE 1ST AVENUE  
 POMPANO BEACH, FL 33060              POMPANO BEACH, FL 33060

**DO NOT WRITE IN THIS SPACE**



01292005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2812774      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALAGA, MARTIN  
 31 N.E. 1ST AVENUE  
 POMPANO BEACH, FL 33060

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MALAGA, MARTIN
STREET ADDRESS	6434 VIA ROSA
CITY-ST-ZIP	BOCA RATON, FL
TITLE	SD
NAME	MALAGA, SUSAN
STREET ADDRESS	6434 VIA ROSA
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	FUTTERMAN, CRAIG
STREET ADDRESS	6142 COTTON RUSE LN
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000217104  
 02/07/05-80014-005 150.00

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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 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: Martin Malaga      2-3-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #