


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # J95042 1. Entity Name MARIA TERESA E. FLORES, INC.	
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Principal Place of Business 118 NORTH NARANJA AVENUE PORT ST. LUCIE, FL 34983	Mailing Address 118 NORTH NARANJA AVENUE PORT ST. LUCIE, FL 34983
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0010599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLORES, MARIA TERESA E 118 NORTH NARANJA AVENUE PORT ST. LUCIE, FL 34983

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLORES, MARIA TERESA E 118 N. NARANJA AVE. PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GERARD, FLORES 118 N. NARANJA AVE. PT. ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FLORES, MARIA T 118 N. NARANJA AVE. PT. ST. LUCIE, FL 34958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/07-80066-004 150.00

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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: Maria Teresa E. Flores 4/2/07 (772) 878-5754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #