

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016113

1. Entity Name
PARADISE FLOWERS AND PLANTS, L.L.C.



Principal Place of Business
**11338 BISCAYNE BLVD.
MIAMI, FL 33181**

Mailing Address
**11338 BISCAYNE BLVD.
MIAMI, FL 33181**



01282004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1138785

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ENCIO, RAUL O
11338 BISCAYNE BLVD.
MIAMI, FL 33181**

**DO NOT WRITE
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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ENCIO, RAUL O
11338 BISCAYNE BLVD.
MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHAVES, MAXIMILIANO A
11338 BISCAYNE BLVD.
MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000068730
02/27/04-80054-005 5.00

000000068730
02/27/04-80054-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Raul O. Encio

02-24-04 305 496 4112