

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006446

FILED
Jul 07, 2005
Secretary of State

Entity Name: GREAT AMERICAN BOUQUET, LLC

Current Principal Place of Business:

7300 NW 19TH STREET
711
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

PO BOX 526325
MIAMI, FL 33152

New Mailing Address:

FEI Number: 01-0653944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALFARO, BEATRIZ
7300 NW 19TH STREET
SUITE 304
MIAMI, FL 33126 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAICEDO, HERNANDO
Address: 7300 CORP CENTER DRIVE #304
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: FERNANDEZ, JUAN M
Address: 7300 CORP CENTER DRIVE #304
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: BERNAL, MAURICIO
Address: 7300 CORP CENTER DRIVE #304
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: ANDERSON, SHELIA
Address: 7300 CORP CENTER DRIVE #304
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: MCDOWELL, NORA
Address: 7300 CORPORATE CENTER DR. #304
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NORA E MCDOWELL

MGR

07/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date