## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 02, 2004 08:00 AM Secretary of State

DOCUMENT # L03000027503  1. Entity Name DELUXE FLOWERS, LLC				Secretary of State
Principal Plac 1326 NW 78 MIAMI, FL 3	=	Mailing Address 1326 NW 78 AVENUE MIAMI, FL 33126		
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt, #, etc		01152004 Chg-LLC CR2E083 (10/03)
City, & Stat	te	City & State		4. FEI Number Applied For Not Applicable
Zip -	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
	NRIQUE LLINS AVENUE, APT. 1708 SLES BEACH, FL 33160		Street Ad	Address (P.O. Box Number is Not Acceptable)
0014141 10	SEC BEACH, LE 00100		City	<b>FL</b> Ζίρ Code
	e named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered office or r	r registered agent, or both, in the State of Florida. I am famillar with, and accept
SIGNATURE .		- Table 1	· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered agent a	nd title if applicable (NO	IE. Regislered Agent signaturi	ure (equived when reinstalling) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004	į		Make check payable to Florida Department of State
9.	MANAGING MEMBE	<del></del>	10.	ADDITIONS/CHANGES
title Name	MGR FEFER, ENRIQUE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY: ST: ZIP	1326 NW 78 AVENUE MIAMI, FL 33126		STREET ADDRESS CHY-ST-ZIP	U00000030911 02/04/04-80127-021 50.00
TITLE	MGR	☐ Delete	HILE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	PEREZ, ELIYAHU 1326 NW 78 AVENUE MIAMI, FL 33126		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	ritle Name	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
TITLE NAME	/ \	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET AODRESS CITY-ST-ZIP	
TITLE NAME		☐ Defete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP	
indicated	certify that the information supplied with f on this report is true and accurate and ability company or the receiver of trustee	that my signature shall have	the same legal effect	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information act as if made under oath; that I am a managing member or manager of the by Chapter 608, Florida Statutes.
CIONAT	TUDE.			Jan. 11. 2004 (305) 700-4870
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, OR AUTHORIZED F	