

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027503

Entity Name: DELUXE FLOWERS, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

1760 NW 96TH AVE
2ND FL
MIAMI, FL 33172

Current Mailing Address:

1760 NW 96TH AVE
2ND FL
MIAMI, FL 33172

New Principal Place of Business:

4101 RAVENSWOOD RD
401
DANIA BEACH, FL 33312

New Mailing Address:

4101 RAVENSWOOD RD
401
DANIA BEACH, FL 33312

FEI Number: 73-1675883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEFER, ENRIQUE
19333 COLLINS AVENUE, APT. 1708
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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: FEFER, ENRIQUE
Address: 1760 NW 96 AVE 2ND FL
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: PEREZ, ELIYAHU
Address: 1760 NW 96 AVE 2ND FL
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FEFER, ENRIQUE
Address: 4101 RAVENSWOOD RD SUITE 401
City-St-Zip: DANIA BEACH, FL 33312

Title: MGR (X) Change () Addition
Name: PEREZ, ELIYAHU
Address: 4101 RAVENSWOOD RD SUITE 401
City-St-Zip: DANIA BEACH, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ENRIQUE FEFER

MGR

01/05/2007

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