

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L18945**

1. Entity Name

FLOWERS BY TONY, INC.



Principal Place of Business

313 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

Mailing Address

313 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number 65-0146367

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OJEDA, JOSEPH ANTHONY  
313 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME OJEDA, JOSEPH ANTHONY  
STREET ADDRESS 5401 SW 135 AVE  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS 02/07/08-80076-010 150.00  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME OJEDA, ELAINE C.  
STREET ADDRESS 5401 SW 135 AVE  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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TITLE ☐ Delete  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Elaine C. Ojeda* *Elaine C. Ojeda* 1/24/06 454-6225 (954)