

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 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 - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 65-0146367		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent OJEDA, JOSEPH ANTHONY 313 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY ST ZIP	PD OJEDA, JOSEPH ANTHONY 5401 SW 135 AVE FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SD OJEDA, ELAINE C. 5401 SW 135 AVE FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Elaine C. Ojeda</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/19/07</i> Daytime Phone #: <i>954-454-6225</i>

