

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79370

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: A & L FLA SW WHOLESALE SUPPLIES, INC.

## Current Principal Place of Business:

%ALL FLOWERS, INC  
3608 TAMiami TRAIL, E  
NAPLES, FL 34112 US

## New Principal Place of Business:

## Current Mailing Address:

%ALL FLOWERS  
1951 PINE RIDGE RD #105  
NAPLES, FL 34109 US

## New Mailing Address:

FEI Number: 65-0226397      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PREVITI, PETER, ESQ.  
5825 SUNSET DRIVE  
SUITE 210  
MIAMI, FL 33143 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: ALBERICI, ADOLPH,  
Address: 5803 CHARLTON WAY  
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: POLANCO, JANINE A  
Address: 15914 MARCELLO CIRCLE  
City-St-Zip: NAPLES, FL 34110 28

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADOLPH ALBERICI

D

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date