

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90058 004 ***150.00

DOCUMENT # M11924

1. Entity Name
CARNIVAL FLOWERS & GIFTS, INC.



Principal Place of Business

**9552 S.W. 137 AVENUE
MIAMI, FL 33186**

Mailing Address

**9552 S.W. 137 AVENUE
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2589831

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ DE CAICEDO, MARIELLA SONIA
9552 SW 137 AVE
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCIA, GLORIA
STREET ADDRESS	11881 S.W. 45 STREET
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	SD
NAME	GONZALEZ, HENRY M
STREET ADDRESS	11881 S.W. 45 STREET
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04

Date

Daytime Phone #