
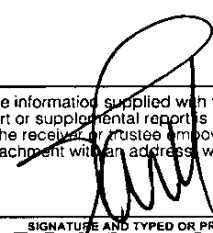


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90160 016 \*\*\*158.75

<b>DOCUMENT # M18100</b>					
1. Entity Name <b>PREMIUM FLOWERS CORPORATION</b>					
Principal Place of Business 1301 NW 84TH AVE 115 DORAL, FL 33126 US			Mailing Address 1301 NW 84TH AVE 115 DORAL, FL 33126 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Ivan A. Gomez PA Suite, Apt. #, etc. 601 Brickell Key Dr., Ste 507			
Suite, Apt. #, etc.		City & State Miami, Florida		4. FEI Number 59-2556768	
City & State		Zip 33131		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PAREDES ENRIQUE 79 SHORE DR W MIAMI, FL 33133			7. Name and Address of New Registered Agent Name IAG CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Dr., Ste 507 City Miami FL Zip Code 33131		
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: <u>IAG CORPORATE SERVICES, INC</u> <u>ENRIQUE PAREDES</u> DATE: <u>3/23/07</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	PRES PAREDES, ENRIQUE 79 SHORE DR. W. MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fernando Paredes 1301 NW 84 Avenue #115 Miami, Florida 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <u></u> ENRIQUE PAREDES, President			Date: <u>4/13/07</u> (305) 371-9213		