

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M48525

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** PEMBROKE PINES FLOWERS AND GIFTS, INC.

**Current Principal Place of Business:**

2580 NORTH POWERLINE ROAD  
602  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

10161-182 CT S  
BOCA RATON, FL 33498 US

**New Mailing Address:**

**FEI Number:** 65-0108170      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, YVONNE  
10161-182 COURT SOUTH  
BOCA RATON, FL 33498 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: D ( ) Delete  
Name: RODRIGUEZ, JUAN C  
Address: 10161-182 COURT SOUTH  
City-St-Zip: BOCA RATON, FL 33498 US

Title: D ( ) Delete  
Name: RODRIGUEZ, YVONNE  
Address: 10161-182 COURT SOUTH  
City-St-Zip: BOCA RATON, FL 33498 US

Title: D ( ) Delete  
Name: LEON, ROSE  
Address: 7857 GOLF CIRCLE DRIVE  
City-St-Zip: MARGATE, FL 33063 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** YVONNE RODRIGUEZ

D

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date