


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M60309 1. Entity Name ISLAND FLOWERS, INC.	
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Principal Place of Business 14000 PINES BLVD. PEMBROKE PINES, FL 33027 US	Mailing Address 14000 PINES BLVD. PEMBROKE PINES, FL 33027 US
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01102005 No Chg-P CR2E034 (10/03)

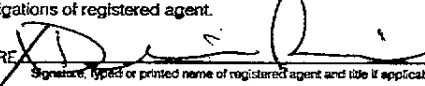
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0015247	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 ROSZKOWSKI, JEFFERY 14000 HOLLYWOOD BLVD. PEMBROKE PINES, FL 33027
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**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:  (NOTE: Registered Agent signature required when reappointing) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROSZKOWSKI, JEFFERY 2691 SW 110 WAY DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSZKOWSKI, DENISE 2691 SW 110 WAY DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/11/05-80030-008 150.00

**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)(f), 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 life empowered.

SIGNATURE:  DATE: _____ Daytime Phone #: _____