2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 18, 2001 8:00 am Secretary of State DOCUMENT # P00000102372 04-20-2001 90163 005 ***150 00 ANNY'S FLOWERS SHOP, INC. 05-18-2001 91249 032 ***150.00 Principal Place of Business Mailing Address 4775 PALM AVE 4775 PALM AVE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number ✓ Applied For 65 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8.-Name and Address of Current Registered Agent — 7. Name and Address of New Registered Agent --GONZALEZ, MARCO A Street Address (P.O. Box Number is Not Acceptable) 4775 PALM AVE HIALEAH FL 33012 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1; 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State -11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME GONZALEZ, MARCO A NAME STREET ADDRESS STREET ADDRESS 4775 PALM AVE CITY-ST-ZIP CITY-ST-2M HIALEAH FL 33012 TITLE TITLE ☐ Change ☐ Addition Delete NAME DIAZ, ABIGAIL M STREET ADDRESS STREET ADDRESS 4775 PALM AVE CITY-ST-ZIP CITY-ST-ZUP HIALEAH FL 33012 Change " Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete nne Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP IIILE Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZP TITLE Addition ☐ Deleta TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 turther 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 11 or Block 12 if