

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

05-21-2004 90002 010 ***150.00

DOCUMENT # P00000102372

1. Entity Name
ANNY'S FLOWERS SHOP, INC.



Principal Place of Business
**4775 PALM AVE
HIALEAH, FL 33012**

Mailing Address
**4775 PALM AVE
HIALEAH, FL 33012**

66429586

2. Principal Place of Business
13521 NE 1 AVENUE

3. Mailing Address
4759 Palm Avenue

Suite, Apt. #, etc.
258

City & State
Miami, FL

City & State
Hialeah, FL

Zip
33161

Country
USA

Zip
33012

Country
USA



05172004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1045621

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GONZALEZ, MARCO A
4775 PALM AVE
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent
Name **Gonzalez, Marco A.**
Street Address (P.O. Box Number is Not Acceptable) **4759 Palm Avenue # 258**
City **Hialeah** FL Zip Code **33012**

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARCO A 4775 PALM AVE HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4759 Palm Avenue # 258 Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ABIGAIL M 4775 PALM AVE HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4759 Palm Avenue # 258 Hialeah, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

Marco A. Gonzalez

Marco A. Gonzalez