

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91013 027 ***150.00

DOCUMENT # P01000033023

1. Entity Name
PESTONIT FLOWERS OF HIALEAH, INC.



Principal Place of Business
**184-188 EAST 4TH AVE.
HIALEAH, FL 33010**

Mailing Address
**184-188 EAST 4TH AVE.
HIALEAH, FL 33010**

54042324



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1264951

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, NORMA P.
184-188 EAST 4TH AVE.
HIALEAH, FL 33010**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**PD
GOMEZ, NORMA P
184-188 EAST 4TH AVE.
HIALEAH, FL 33010** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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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.

SIGNATURE:

Norma Pestonit Gomez
(NORMA PESTONIT GOMEZ)

4-24-04 305-887-7752

Date

Daytime Phone #

ATTACHMENT

5404 2324



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 15, 2004

PESTONIT FLOWERS OF HIALEAH, INC.
305 SW 12TH AVE
MIAMI, FL 33130

SUBJECT: PESTONIT FLOWERS OF HIALEAH, INC.
Ref. Number: P01000033023

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

An officer or director must sign the report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT - TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 904A00024903

ATTACHMENT

54042324

P01000033023

9:35 AM

4/12/04 CORPORATE DETAIL RECORD SCREEN
NUM: P01000033023 ST:FL ACTIVE/FL PROFIT FLD: 04/02/2001
FEI#: 59-1264951

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PRINCIPAL: 184-188 EAST 4TH AVE.
ADDRESS HIALEAH, FL 33010
RA NAME : GOMEZ, NORMA P
RA ADDR : 184-188 EAST 4TH AVE.
HIALEAH, FL 33010

ANN REP : (2002) A 04/09/02 (2003) A 02/27/03

305 SW 12th Ave

1. MENU, 3. OFFICERS

min Pl 33180

ENTER SELECTION AND CR:

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