

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 037 ***150.00

DOCUMENT # P01000034870					
1. Entity Name INFINITY FLOWERS CO.					
Principal Place of Business 11388 SE US HWY 301 BELLEVUE, FL 34420			Mailing Address 5001 SW 20TH ST STE 401 OCALA, FL 34474		
2. Principal Place of Business			3. Mailing Address 907 SE 17th St.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Ocala, Florida		
Zip		Country		Zip 34471	
Country		Country USA		4. FEI Number 59-3710480	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASQUEZ, DIEGO E 1421 SW 27TH AVE. STE. 706 OCALA, FL 34474			7. Name and Address of New Registered Agent		
Name			Diego Vasquez		
Street Address (P.O. Box Number is Not Acceptable)			907 SE 17th St.		
City			Ocala, FL		Zip Code 34471
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P VASQUEZ, DIEGO E 1421 SW 27TH AVE. STE. 706 OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Diego E. Vasquez 907 SE 17th St. Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNOZ, MARIANGELA 1421 SW 27TH AVE. STE. 706 OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mariangela Munoz 907 SE 17th St. Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VASQUEZ, PEDRO 1421 SW 27TH AVE. STE. 706 OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pedro Vasquez 907 SE 17th St. Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Diego E. Vasquez (P.) 4-12-06 352-854-0972 <small>Date Daytime Phone #</small>		