2007 FOR PROFIT CORPORATION ANNUAL REPORT

P01000040638

EII ED

DOCUMENT # P01000040638 1. Entity Name LA CANASTA FLOWERS & GIFTS, INC.					07 JUL -	-5 AM 10: 49 RY OF STATE	
Principal Place	e of Business	Mailing Address	 	4012	JAULAHAS	SEE, FLORIDA	
711 MIDIRON KISSIMMEE, I	N LANE	711 MIDIRON LANE KISSIMMEE, FL 34759			. 4 2101 17211 2011 2011	W 8211 5124 5 544 6456 4461	P#101 H 1484
2. Principal Place of Business - No P.O. Box #		3. Mairing Address					
Suite, Apt. #, etc.		Suite, Apt. N, etc.		06082007	Chg-P	CR2E034 (12/06))
City & State		City & State		4. FEI Numb 59-372		<u>}</u> +-	oplied For lot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ac	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	Registered Agent	
MATOS - P	A E A E I - A - B A		Name	• •			•
MATOS, RAFAELAM 711 MIDIRON LANE KISSIMMEE, FL 34759			Street Addre	ss (P.O. Box Numb	er is Not Acceptabl	e)	
	,						
			City			FL Zip Co	de
8. The above the obligat	named entity submits this statement fillions of registered agent.	or the purpose of changing its r	egistered office or regi	istered agent, or bo	th, in the State of Fi	orida I am familiar with	, and accept
SIGNATURE_	•						
G.G. W. TOTAL	F						
	Signature, typed or phinted name of registered agen	and their approach. (NOTE:	Registered Agent signature req	sured when reinstasing)	_	DATE	
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	9. Election Campaig Trust Fund Contril	n Financing	\$5.00 May Be Added to Fees		DATE	
10.	LE NOWIII FEE IS \$550.00 ue by September 14, 2007 OFFICERS AND	9. Election Campaig Trust Fund Contri DIRECTORS ———————————————————————————————————	in Financing bution.	\$5.00 May Be Added to Fees	ICHANGES TO OF	DATE	RS IN 11
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12. Thereby certify that the information supplied with this filling 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:

NAME OF BIGNING OFFICER OR DIRECTOR

407-931-3145 Daytima Prone z