

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050255

Entity Name: LOLA FLOWERS, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

9415 SUNSET DRIVE
SUITE 218
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 630456
MIAMI, FL 33163

New Mailing Address:

FEI Number: 65-1105271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD, STE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTINEZ, GRISELDA
Address: 7000 ISLAND BLVD #1602
City-St-Zip: AVENTURA, FL 33160

Title: TS () Delete
Name: PRATS, GABRIEL
Address: 2121 PONCE DE LEON BLVD. SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: CASTRO, JORGE
Address: 7000 ISLAND BLVD #311
City-St-Zip: AVENTURA, FL 33160

Title: VP () Delete
Name: CASTRO, JORGE
Address: 2121 PONCE DE LEON BLVD. SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE CASTRO

D

01/10/2005

Electronic Signature of Signing Officer or Director

Date