


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000089623**

1. Entity Name  
 ZIP FLOWER CORPORATION



Principal Place of Business      Mailing Address

10600 NW 37 TERR      10600 NW 37 TERR  
 MIAMI, FL 33178      MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**



03302004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1144521      Not Applicable

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

6. Name and Address of Current Registered Agent

ESCOBAR, ENRIQUE  
 10600 NW 37 TERR  
 MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PS
NAME	ESCOBAR, CLARA S
STREET ADDRESS	11137 NW 67 STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	BOZO, GUILLERMO
STREET ADDRESS	10600 NW 37 TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	BAZZANI, CAMILO
STREET ADDRESS	10600 NW 37 TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	BAZZANI, NICOLAS
STREET ADDRESS	10600 NW 37 TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/05/04-80016-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Clara Susana Escobar      Date: Apr 30/04      (305) 477-4446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #