


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

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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

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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)(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 #