2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P01000089623

Entity Name: ZIP FLOWER CORPORATION

Current Principal Place of Business:

10600 NW 37 TERR
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

10600 NW 37 TERR
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-1144521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESCOBAR, ENRIQUE
10600 NW 37 TERR
MIAMI, FL 33178 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: PS ( ) Delete
Name: ESCOBAR, CLARA S
Address: 11137 NW 67 STREET
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: BOZO, GUILLERMO
Address: 10600 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: BAZZANI, CAMILO
Address: 10600 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: BAZZANI, NICOLAS
Address: 10600 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: ROZO, GUILLERMO
Address: 10600 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

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: CLARA SUSANA ESCOBAR PS 04/13/2005

Electronic Signature of Signing Officer or Director Date