
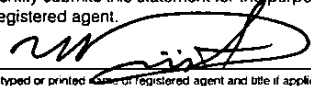
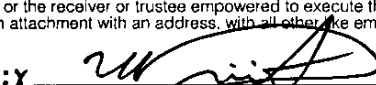


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90454 023 ***150.00

DOCUMENT # P01000090713 1. Entity Name SPRING FLORAL, INC.					
Principal Place of Business 4465 SW 160 AVE #200 HOLLYWOOD, FL 33027			Mailing Address PO BOX 523208 MIAMI, FL 33152		
2. Principal Place of Business 4465 S.W. 160 Ave		3. Mailing Address Same			
Suite, Apt. #, etc. 200		Suite, Apt. #, etc.			
City & State Hirammar FL		City & State			
Zip 33027		Country USA		4. FEI Number 65-1139113	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PORRAS, WILLIAM H 4465 SW 160 AVE #200 HOLLYWOOD, FL 33027			7. Name and Address of New Registered Agent Name William H Porras Street Address (P.O. Box Number is Not Acceptable) 4465 S.W. 160 Ave #200 City Hirammar FL Zip Code 33027		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PORRAS, WILLIAM H 4465 SW 160 AVE #200 HOLLYWOOD, FL 33027	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO William H Porras 4465 S.W. 160 Ave #200 Hirammar, FL 33027
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
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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)(i), 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 fee empowered.					
SIGNATURE:  Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					