## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000113189

Entity Name: FLEURISSIMA, INC.

FILED Jan 19, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
171 NE 38 MIAMI, FL	33137 US		4242 NE 2 MIAMI, FL			
Current N	lailing Addres	s:	New Maili	New Mailing Address:		
171 NE 38 MIAMI, FL	33137 US		4242 NE 2 MIAMI, FL			
FEI Number	: 04-3509208	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:	
LAMARCHE, ANTOINE G 171 NE 38TH ST MIAMI, FL 33137 US			4242 NE 2	LAMARCHE, ANTOINE G 4242 NE 2ND AVE MIAMI, FL 33137 US		
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUI	RE:			01/19/2005		
	Electron	ic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P () ROBBA, EMILIO 171 NE 38 ST MIAMI, FL 3313		Title: Name: Address: City-St-Zip:	ROBBA, EMILI 4242 NE 2ND /	AVE	
Title: Name: Address: City-St-Zip:	HARDY, MARY 303 GOGNEWA		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () ROBBA, MICHE 171 NE 38 ST MIAMI, FL 3313		Title: Name: Address: City-St-Zip:	V (X ROBBA, MICH 4242 NE 2ND A MIAMI, FL 331	AVE	
Title: Name: Address: City-St-Zip:	T () DE REGAINI, JE 5 RUE DE LA B PARIS 75002 F	ANQUE	Title: Name: Address: Citv-St-Zip:	(	) Change()Addition	

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: EMILIA MARADIAGA MGR 01/19/2005