## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000113189

Entity Name: FLEURISSIMA, INC.

FILED Apr 29, 2008 Secretary of State

	incipal Place	of Business:	New Principal Place	of Business:	
4242 NE 2N MIAMI, FL 3					
Current Mailing Address:			New Mailing Address	<b>:</b>	
4242 NE 2N MIAMI, FL 3					
FEI Number: (	04-3509208	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
LAMARCHE 4242 NE 2N MIAMI, FL (					
The above r		ıbmits this statement for the pur	pose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name:	P () I ROBBA, EMILIO	Delete		() Change () Addition	
Address: City-St-Zip:	4242 NE 2ND AV MIAMI, FL 3313		Name: Address: City-St-Zip:	( ) Shange ( ) Addition	
	MIAMI, FL 3313 S () I HARDY, MARY J 303 GOGNEWAL	7 Delete	Address: City-St-Zip:	( ) Change ( ) Addition	
City-St-Zip: Title: Name: Address:	MIAMI, FL 3313 S ( ) I HARDY, MARY J 303 GOGNEWAL GREENWICH, C	7 Delete JGH RD DS COB, CT 06807, Delete E	Address: City-St-Zip: Title: Name: Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTOINE LAMARCHE MGR 04/29/2008