


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90019 042 \*\*\*150.00

<b>DOCUMENT # P01000116926</b>		
1. Entity Name THE FLOWER EXCHANGE, INC.		

Principal Place of Business <b>7001 E. TREASURE 805 MIAMI BEACH, FL 33141</b>	Mailing Address <b>7001 E. TREASURE 805 MIAMI BEACH, FL 33141</b>
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**24076309**

2. Principal Place of Business <b>7381 NW 35 ST</b>	3. Mailing Address <b>7381 NW 35 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33122</b>	Zip <b>33122</b>
Country <b>USA</b>	Country <b>USA</b>



03262004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1158089</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>OTERO, SUSAN 7001 E. TREASURER DR. STE 805 MIAMI BEACH, FL 33141</b>	7. Name and Address of New Registered Agent Name <b>SUSAN OTENO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7381 NW 35 ST</b> City <b>MIAMI</b> FL Zip Code <b>33122</b>
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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 **Susana Otero C** **SUSAN OTENO** **REGISTERED AGENT** **03/26/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTERO, SUSAN 4320 S DIXIE HWY, STE 280 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTENO SUSAN 7381 NW 35 ST MIAMI FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUANE, DALACIO 7001 E. TREASURE DR MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALACCO JUAN 7381 NW 35 ST MIAMI FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: **Susana Otero C** **SUSAN OTENO** **PRESIDENT** **03/26/04** **(305) 471-4747**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #