2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013172

Entity Name: S & M FLORALS, INC.

FILED Apr 12, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Cullent Finicipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

981 EAST SAN GALLIO BLVD 981 EAST EAU GALLIE BLVD

STE B STE B

SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937

Current Mailing Address: New Mailing Address:

981 EAST SAN GALLIO BLVD 981 EAST EAU GALLIE BLVD STE B STE B

SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937

FEI Number: 01-0596068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYNCH, STEPANIE

1683 BURGUNDY ST. SE
PALM BAY, FL 32909 US

LYNCH, STEPHANIE
1683 BURGUNDY ST. SE
PALM BAY, FL 32909 US

LYNCH, STEPHANIE
1683 BURGUNDY ST. SE
PALM BAY, FL 32909 U

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: STEPHANIE LYNCH 04/12/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: () Change () Addition

 Name:
 LYNCH, STEPHANIE
 Name:

 Address:
 1683 BURGUNDY STREET SE
 Address:

 City-St-Zip:
 PALM BAY, FL 32909
 City-St-Zip:

Title: VTD () Delete Title: () Change () Addition

 Name:
 ENRIQUEZ, MARK
 Name:

 Address:
 3350 N RIVERSIDE DR
 Address:

 City-St-Zip:
 INDIALANTIC, FL 32909
 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: STEPHANIE LYNCH PSD 04/12/2004