

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014999

FILED  
Apr 07, 2004  
Secretary of State

Entity Name: ALL ABOUT FRESH FLOWERS CORP.

## Current Principal Place of Business:

12955 SW 76TH TERRACE  
MIAMI, FL 33183

## New Principal Place of Business:

## Current Mailing Address:

12955 SW 76TH TERRACE  
MIAMI, FL 33183

## New Mailing Address:

FEI Number: 04-3599744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONCEPTION, JOEL  
12955 SW 76TH TERRACE  
MIAMI, FL 33183

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CONCEPCION, LIZBET  
Address: 12955 SW 76TH TERRACE  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: CONCEPCION, JOEL  
Address: 12955 SW 76TH TERRACE  
City-St-Zip: MIAMI, FL 33183

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: LIZBET CONCEPCION

PD

04/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date