2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034836

CRUZ, ERIC D

14185 EASTMOUNT RD.

SPRINGHILL, FL 346095466

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: ALLEN'S FLOWERS BOUTIQUE, INC.						
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
	Y STREEET /ILLE, FL 3460	11				
Current Mailing Address:			New Mail	New Mailing Address:		
3 N BAILEY STREEET BROOKSVILLE, FL 34601			3841 OLDE LANARK DR LAND O` LAKES, FL 34638			
FEI Number	: 38-3646815	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LANIGAN, 10927 N 5 TAMPA, F		US				
	named entity see of Florida.	submits this statement for the p	ourpose of changing	its registere	ed office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () CRESPO, ISRA 18812 WIMBLE LUTZ, FL 3355	DON CIR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CRESPO, BLAN 18812 WIMBLE LUTZ, FL 3355	DON CIR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CRESPO, AIXA 14185 EASTMO SPRINGHILL, F		Title: Name: Address: City-St-Zip:		(X) Change()Addition AIXA E LANARK DR. AKES, FL 34638	
Title:	D ()	Delete	Title:	D	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

CRUZ, ERIC D

3841 OLDE LANARK DR.

LAND O' LAKES, FL 34638

SIGNATURE: ERIC D. CRUZ D 04/30/2008