FILED
May 02, 2007 08:00 A
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000048772

1. Entity Name
NEW YORK NEW YORK FLOWER & PLANT DECORATORS, INC.

Principal Place of Business	Mailing Address
4000 HOLLYWOOD BLVD SUITE 435 SOUTH HOLLYWOOD, FL 33021	4000 HOLLYWOOD BLVD SUITE 435 SOUTH HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

0307[illegible]06 No Chg-P CR2E034 (11/05)

4. FEI Number
8[illegible]0546809
☐ Applied For
☐ Not Applicable

5. C[illegible]p of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, MARK D
4000 HOLLYWOOD BLVD
SUITE 435 SOUTH
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered ag[illegible] both in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when [illegible])

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Added to[illegible]

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COHEN, MARK D
STREET ADDRESS	4000 HOL[illegible]YWOOD BLVD SUITE 435 NORTH
CITY-ST-ZIP	HOLLYWO[illegible]OD, FL 33021
TITLE	P
NAME	MICHAEL RISOLI
STREET ADDRESS	28 BUNK[illegible]VOOD ROAD
CITY-ST-ZIP	MOUNT [illegible]ERNON, NY 10552
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000757151
05/23/07-80058-019 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ April 18 2007 914663-9373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #