

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90008 016 ***150.00

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1. Entity Name

JOEL'S FLORAL DESIGN AND GIFTS, INC.



Principal Place of Business

~~1422 NE 163RD STREET~~
~~NORTH MIAMI BEACH, FL 33162~~

Mailing Address

~~1422 NE 163RD STREET~~
~~NORTH MIAMI BEACH, FL 33162~~

3529 SW 3rd. St. Miami, FL 33135 ← Same



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3692651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESCOTO, JOEL NAHUM
~~1422 NE 163RD STREET~~
~~NORTH MIAMI BEACH, FL 33162~~
3529 SW 3rd. St.
Miami, FL 33135

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ESCOTO, JOEL NAHUM
STREET ADDRESS	3529 SW 3rd St.
CITY-ST-ZIP	Miami, FL 33135
	1422 NE 163RD STREET
	NORTH MIAMI BEACH, FL 33162

TITLE	S
NAME	ESCOTO, MARITZA
STREET ADDRESS	3529 SW 3rd St.
CITY-ST-ZIP	Miami, FL 33135
	1422 NE 163RD STREET
	NORTH MIAMI BEACH, FL 33162

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/10/2008