



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000080439	
1. Entity Name IMAGINATION FLOWERS, INC.	

Principal Place of Business 1930 N HIBISCUS DRIVE NORTH MIAMI, FL 33181	Mailing Address 1930 N HIBISCUS DRIVE NORTH MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2282731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GOMEZ, GLORIA NANCY 1930 N HIBISCUS DRIVE NORTH MIAMI, FL 33181	

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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 *Gloria N. Gomez* *May 13/07*
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, GLORIA NANCY 1930 N HIBISCUS DRIVE NORTH MIAMI, FL 33181
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05/30/07-80061-008 150.00

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: *Gloria N. Gomez* *May 13/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #