

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000080439

**Entity Name:** IMAGINATION FLOWERS, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1930 N HIBISCUS DRIVE  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

1930 N HIBISCUS DRIVE  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 56-2282731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMEZ, GLORIA N  
1930 N HIBISCUS DRIVE  
NORTH MIAMI, FL 33181 US

**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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: GOMEZ, GLORIA N  
Address: 1930 N HIBISCUS DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

I hereby 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 all other like empowered.

SIGNATURE: GLORIA N GOMEZ

PSD

03/15/2011

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

\_\_\_\_\_  
Date