


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

03-29-2004 90060 023 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P02000093659 | | | |  | |
| 1. Entity Name CONSOLIDATED FLORAL SOLUTIONS INC. | | | | | |
| Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE RD STE 324 MIAMI, FL 33126 | | | Mailing Address C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE RD STE 324 MIAMI, FL 33126 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01192004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number APPLIED FOR 02-0641155 | | | | Applied For <input checked="" 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 | | | 7. Name and Address of New Registered Agent | | |
| ESQUIRE CORPORATE SERVICES, INC. 780 NW LE JEUNE RD STE 324 MIAMI, FL 33126 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May-1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS LOZANO, EDGAR 780 NW LE JEUNE RD., SUITE 324 MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BARGUIN, GEORGE 780 NW LE JEUNE RD., SUITE 324 MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICARDO, RAUL 780 NEW LE JEUNE RD., SUITE 324 MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <i>George Barquin</i> | | | 03/23/04 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |