2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 Al Secretary of State

1. Entity Nam	MENT # P02000102 ARO FLOWER #2, INC.	2035			Sec	cretary of S	tate
Principal Place of Business 3105 NW 62 ST MIAMI, FL		Mailing Address 3105 NW 62 ST MIAMI, FL					## #
D	O NOT WRITE	ACE	04172006 4. FEI Numb 33-103	No Chg-P	CR2E034 (11/05) Applie Not Ap \$8.75 Addition Fee Required	ed For pplicable	
LASTRA, L 3105 NW 6 MIAMI, FL		t Registered Agent	DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement flons of registered agent. Signature, typed or printed name of registered agent. E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	of and site if applicable. (NOTE: Regis	stered Agent signature require			OATE 0552091 -80125-018 150	···-
TO. 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	OFFICERS AND D LASTRA, LAZARO G 3105 NW 62 ST MIAMI, FL	DIRECTORS		DO	NOT W	·	
CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			_		THIS SF		

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305) 216 1007 OF