## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 20, 2004 08:00 AM

MINIOME REPORT	Secretary of State
DOCUMENT # P02000103193  1. Entity Name MASTER FLORAL DESIGN, INC.	
Principal Place of Business Mailing Address 7700 W. 24TH AVE., #2 HALEAH, FL 33016 HIALEAH, FL 33016	
	04052004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPAC	4. FEI Number Applied For 54-2075943 Not Applied For Not Applied For Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
FERNANDEZ, ASUNCION R 544 CLERMONT CT. WESTON, FL 33326	DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.  SIGNATURE	office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE.	Signature, typed or printed name of registered agent and title it	Fannicable (NOTE Recurred Agent	r signature required when reinstating)	DATE
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May 8e Added to Fees	U00000121660
10.	OFFICERS AND DIREC	PTORS		<del>)                                    </del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSO FERNANDEZ, ASUNCION R 544 CLERMONT CT. WESTON, FL 33326	-		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			DŌ	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplierrental 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 comporation 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 effective mention of the receiver or trustee empowered.

305-822-686

TURE AND TYPED OF PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR