2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2004 8:00 am Secretary of State

Pinnopal Place of Automass Mailing Address	DOCUMENT # P0300001744 1. Entity Name FRESHER FLOWERS FASTER, INC.									02-11-200	-		
MAMI, FL 33143	Principal Place of Business				Mailing Address								
Suite, Apt. 4, ofc.	,				5130 SW 73 TERRACE				 		ITII aa im as iri i		
City & State	2. Principal Place of Business				3. Mailing Address								
Second S	Suite, Apt. #, etc.				Suite, Apt. #, etc.					Ū		034 (10/03)	
Name and Address of Current Registered Agent 1940 19	City & State								4. FEI Numbi	-081524	1	No	ot Applicable
Name Street Address (P.O. Box Number is Not Acceptable)	Zíp											Fee Require	
Signature Sign			and Address of Curren	t Regis	stered Agent		Name			Address of New	Registered	_	
### 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. City FL Zip Code	RIEGLER, JAMES												
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lysed or pritted name of registered agent and see # applicable. (NOTE: Registered Agent signature recursed when remakang) DATE										·			
Title							City				FL	Zip Cod	е
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD KERTESZ, PETER STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAM	the obligations of registered agent. SIGNATURE												
### After May 1, 2004 Fee will be \$550.00 10.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE												
TITLE NAME NAME VERTEADORESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	FILE NOTING FEE 13 3 130.00							\$5. Add	.00 May Be ed to Fees				•
NAME VERET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS ANI	CTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i						1			,		☐ Change	☐ Addition
CITY-ST-ZIP		•					1						
SD Delete KERTESZ, LINDA STREET ADDRESS STREET	1 1 1												
STREET ADDRESS STRE	TÝZ.E						.					П Спапое	☐ Addition
CITY-ST-ZIP	NAME	2 35.516					E						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		MIAMI, FL				_							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	i		•		☐ Delete			,				∐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	ļ				8	I						•
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			•	• • • • • • • • • • • • • • • • • •	CITY	-ST-ZIP		. "		-		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE				Delete	TITLE	Ε			•		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	i					1							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	1					-	I						
STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE	E .					☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	l		•			NAM	ε						
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	ŀ												
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	 				r-m _								
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					L_I Delete		I .					∟ Change	LI_Addition
			-				I					_	,
	CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP			<u> </u>			

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 trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8 2004 305 439-6965

Daytime Phone