2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000002209

1. Entity Name
MABEL FLOWERS, INC.

Principal Place of Business	Mailing Address
3226-A W COLUMBUS DR	3226-A W COLUMBUS DR
TAMPA, FL 33607	TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

04292005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
57-1144521	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

QUEVEDO, MABEL
3226-A W COLUMBUS DR
TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	QUEVEDO, MABEL	
STREET ADDRESS	3226-A W COLUMBUS DR	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	SD	
NAME	GONZALEZ, JUAN	
STREET ADDRESS	3226-A W COLUMBUS DR	
CITY-ST-ZIP	TAMPA, FL 33607	
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		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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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: *Mabel Quevedo*   4/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #