

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90129 026 ***150.00

DOCUMENT # P03000002512			
1. Entity Name MASTER DESIGNER FLORIST, INC.			
Principal Place of Business 1597 SW 143 PLACE MIAMI, FL 33184		Mailing Address 1597 SW 143 PLACE MIAMI, FL 33184	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FE Number 14-1864705		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINTANA, NOEL 1597 SW 143 PLACE MIAMI, FL 33184		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Applicable)	
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 Signature, words or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00		9. Election Campaign Financing 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	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
☐ Delete	☐ Delete	☐ Change	☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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☐ Delete	☐ Delete	☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information reported 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 sole owner or trustee authorized 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 affidavit, with all other duly-empowered.			
SIGNATURE: <i>Noel Quintana Pres.</i>		04-24-04 308-9575	