


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000028604 <small>1. Entity Name</small> EXECUTIVE FLOWERS DESIGNS, INC.	
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<small>Principal Place of Business</small> 452 NE 210 CIRCLE TERRACE #104 NORTH MIAMI BEACH, FL 33179	<small>Mailing Address</small> 452 NE 210 CIRCLE TERRACE #104 NORTH MIAMI BEACH, FL 33179
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02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 57-1173180	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 <small>Additional Fee Required</small>
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<small>6. Name and Address of Current Registered Agent</small> CORDOBA, MIREYA 452 NE 210 CIRCLE TERRACE #104 NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	PSTD CORDOBA, MIREYA 452 NE 210 CIRCLE TERRACE #104 NORTH MIAMI BEACH, FL 33179
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	

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**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06
Date

(305) 654-0628
Daytime Phone #