


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90006 040 \*\*\*150.00

<b>DOCUMENT # P03000057800</b> 1. Entity Name <b>TROPICAL FLOWERS ENTERPRISES, INC.</b>					
Principal Place of Business <b>3300 EAST 4TH AVE #4 HIALEAH FL 33013</b>			Mailing Address <b>3300 EAST 4TH AVE #4 HIALEAH FL 33013</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>57-1169534</b>		
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>MONTOKA VELASQUEZ, GLADYS D 17090 COLLINS AVE #8202 MIAMI BEACH FL 33160</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MONTOKA VELASQUEZ, GLADYS D 17090 COLLINS AVE #8202 MIAMI BEACH FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARIA CRISTINA ALANIS 20919 SW 84 COURT MIAMI, FL 33189-3407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TITO GEORGE ALANIS 20919 SW 84 COURT MIAMI, FL 33189-3407				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <u>Maria Cristina Alanis</u> <u>20/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <u>FEBRUARY</u> Daytime Phone #: <u>305 883 0093</u>					