2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000067527

Entity Name: MARISOL FLOWERS, INC.

FILED Dec 16, 2004 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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16351 MIRAMAR PKWY MIRAMAR, FL 33027

Current Mailing Address: New Mailing Address:

17119 SW 49TH PLACE 16351 MIRAMAR PARKWAY MIRAMAR, FL 33027 MIRAMAR, FL 33027

FEI Number: 20-0049051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENITEZ, MARITZA
17119 SW 49TH PLACE
MIRAMAR, FL 33027 US
BENITEZ, MARITZA
16351 MIRAMAR PARKWAY
MIRAMAR, FL 33027 US
MIRAMAR, FL 33027 US

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.

SIGNATURE: MARITZA BENITEZ 12/16/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:BENITEZ, MARITZAName:BENITEZ, MARITZAAddress:17119 SW 49TH PLACEAddress:16351 MIRAMAR PARKWAY

City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: MIRAMAR, FL 33027

() Delete Title: VΡ Title: VΡ (X) Change () Addition Name: MONSALVE, ORLANDO Name: MONSALVE, ORLANDO 17119 SW 49TH PLACE 16351 MIRAMAR PARKWAY Address: Address: MIRAMAR, FL 33027 MIRAMAR, FL 33027 City-St-Zip: City-St-Zip:

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 BENITEZ, ENRIQUE

 Address:
 Address:
 16351 MIRAMAR PARKWAY

 City-St-Zip:
 City-St-Zip:
 MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARITZA BENITEZ P 12/16/2004