2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

1 estat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 07, 2005 08:00 AM DOCUMENT # P03000070248 **Secretary of State** 1. Entity Name PETAL'S CARE INC. Principal Place of Business Mailing Address 1765 NW 189TH TERRACE 1765 NW 189TH TERRACE MIAMI, FL 33056 MIAMI, FL 33056 03042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1198636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, TREVOR DO NOT WRITE 115 NE 132ND TERR. MIAMI, FL 33161 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, specific product name of registered agent and the if applicable (NOTE: Registered Agent argnature required when remainling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE PETAL'S CARE INC. MAME STREET ADDRESS 1765 N.W. 189 TERRACE CITY-ST ZIP MIAMI, FL 33056 U00000253502 TITLE 03/07/05-80037-009 150.00 NAME STREET ADDRESS CITY-ST ZIP TITLE KAME STREET ADDRESS DO NOT WRITE CITY ST ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP NAME STREET ADDRESS CITY ST ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I turther 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.