


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000091135

1. Entity Name
CAFE IN BLOOM AT EMERALD HILLS FLOWERS, INC.



Principal Place of Business
3353 SHERIDAN STREET
SUITE C
HOLLYWOOD, FL 33021

Mailing Address
3353 SHERIDAN STREET
SUITE C
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-3102073

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KELTZ, TONI DENISE
3353 SHERIDAN STREET
SUITE C
HOLLYWOOD, FL 33021

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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]* DATE 4/21/05

Signature typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

000000329755
04/25/05-80128-008 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELTZ, TONI DENISE 3353 SHERIDAN STREET SUITE C, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLATT, MICHELLE 3353 SHERIDAN STREET SUITE C, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLATT, MARK 3353 SHERIDAN STREET SUITE C, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* DATE 4/21/05 954-987-3569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #