

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90131 025 ***150.00

DOCUMENT # P03000093708 1. Entity Name INTUITION FLOWERS, CORP.			
Principal Place of Business 4410 NW 79th AVE 1-D MIAMI FL 33166		Mailing Address 4410 NW 79th AVE 1-D MIAMI FL 33166	
2. Principal Place of Business 8530 NW 3 LANE Suite, Apt. #, etc. UNIT 407		3. Mailing Address 8530 NW 3 LANE Suite, Apt. #, etc. UNIT 407	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33126		Country USA	
4. FEI Number 87-0705363		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03252005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CANAMERO, CARLOS 4410 NW 79th AVE 1-D MIAMI FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8530 NW 3 LANE UNIT 407 City MIAMI FL Zip Code 33126	
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 reappointing)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANAMERO, CARLOS 4410 NW 79th AVE 1-D MIAMI FL 33166	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8530 NW 3 LANE UNIT 407 MIAMI FL 33126	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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:		04/28/05 786-287-4983	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	