

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000093708

1. Entity Name
INTUITION FLOWERS, CORP.



Principal Place of Business
8530 NW 3 LANE
UNIT 407
MIAMI, FL 33126

Mailing Address
8530 NW 3 LANE
UNIT 407
MIAMI, FL 33126

FILED

07 AUG -8 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RCS



08072007 No Chg-P CR2E034 (11/05)

4. FEI Number
87-0705563

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CANAMERO, CARLOS D
4410 NW 79 AVENUE 1-D
MIAMI, FL 33166

DO NOT WRITE
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 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 reinstating)

DATE

100108028081
08/14/07-01017-013 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CANAMERO, CARLOS D
8530 NW 3 LANE UNIT 407
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
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CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #