

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115218

Entity Name: PERFECT PETALS INC.

FILED  
May 04, 2004  
Secretary of State

**Current Principal Place of Business:**

1504 POINSETTIA DR.  
FT. LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

1504 POINSETTIA DR.  
FT. LAUDERDALE, FL 33305

**New Mailing Address:**

FEI Number: 06-1711295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

A1A REGISTERED AGENT INC.  
92 SADBERRY RD.  
QUINCY, FL 32351 US

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

JEFFREY ROLFE  
1504 POINSETTIA DR.  
FT. LAUDERDALE, FL 33305 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: JEFFREY ROLFE

05/04/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROLFE, JEFF  
Address: 1504 POINSETTIA DR.  
City-St-Zip: FT. LAUDERDALE, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEFF ROLFE

PD

05/04/2004

Electronic Signature of Signing Officer or Director

Date