

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000152425

FILED
Apr 28, 2007
Secretary of State

Entity Name: BOB'S FLOWERS CENTER, INC.

Current Principal Place of Business:

6789 S.W. 56TH STREET
MIAMI, FL 33155

New Principal Place of Business:

6789 SW 56TH STREET
MIAMI, FL 33155

Current Mailing Address:

6789 S.W. 56TH STREET
MIAMI, FL 33155

New Mailing Address:

6789 SW 56TH STREET
MIAMI, FL 33155

FEI Number: 30-0220487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOZAYA, ROSA L
13371 S.W. 17TH LANE
APT. 8
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

JAIMES, RAQUEL C
12446 SW 120TH AVE
MIAMI, FL 33186 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: RAQUEL C. JAIMES

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZOZAYA, ROSA L
Address: 13371 SW 17TH LANE, APT. 8
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change () Addition
Name: JAIMES, RAQUEL C
Address: 12446 SW 120TH AVE
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAQUEL C. JAIMES

P,VP

04/28/2007

Electronic Signature of Signing Officer or Director

Date