

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000019703**

1. Entity Name  
**ELENA FLOWER FARMS INC.**



Principal Place of Business  
**1720 RUBENSTEIN DRIVE  
CARDIFF, CA 92007 US**

Mailing Address  
**1720 RUBENSTEIN DRIVE  
CARDIFF, CA 92007 US**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**TORRES, MARIA L  
204 3RD STREET WEST  
SUITE 403  
BRADENTON, FL 34208**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P MASSARO, PAUL 1720 RUBENSTEIN DRIVE CARDIFF, CA 92007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP LA ROTA, RODOLFO 204 3RD STREET WEST, SUITE #403 BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T AMEZQUITA, ELENA 204 3RD STREET WEST, SUITE #403 BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**NO**  
01/18/06-80033-002 300.00

**DO NOT WRITE  
IN THIS SPACE**

U000000385834  
01/18/06-80033-002 150.00

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:**

*Paul A. Massaro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAUL A. MASSARO**  
**PRESIDENT**

**JAN 10, 2006**  
Date

**760-436-7102**  
Daytime Phone #