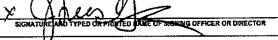
2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 22, 2006 08:00 A DOCUMENT # P04000046922 **Secretary of State** ABC FRESH FLOWERS INC Principal Place of Business Mailing Address 2531 COOLIDGE STREET 2531 COOLIDGE STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 01162006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1069435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AREAS, JAZMINA 2531 COOLIDGE STREET HOLLYWOOD, FL 33020 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 9. Election Campaign Financing \$5.00 May Be Unnnnn476**88**6 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 04/06/06-80028-015 150.00 OFFICERS AND DIRECTORS 10. TITLE AREAS, JAZMINA NAME 2531 COOLIDGE STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: _X

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



Daytime Phone #