

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050126

Entity Name: VILLAGE GARDEN FLOWERS & GIFTS INC.

FILED  
Jan 16, 2005  
Secretary of State

**Current Principal Place of Business:**

8742 SW 145 ST  
MIAMI, FL 33176

**New Principal Place of Business:**

8741 SW 129 ST  
MIAMI, FL 33176

**Current Mailing Address:**

8742 SW 145 ST  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 41-2131072      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SILVERIA, SAGRARIO  
8742 SW 145 ST  
MIAMI, FL 33176 US

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SILVERIA, LAURA  
Address: 8742 SW 145 ST  
City-St-Zip: MIAMI, FL 33176

Title: V ( ) Delete  
Name: SILVEIRA, SAGRARIO  
Address: 8742 SW 145 ST  
City-St-Zip: MIAMI, FL 33176

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SAGRARIO SILVEIRA

VICE

01/16/2005

Electronic Signature of Signing Officer or Director

Date