2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# P04000074982

Entity Name: FLOWER CITY, CORP.

Current Principal Place of Business:

4753 NW 103 AVENUE
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4753 NW 103 AVENUE
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 20-3174224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX DEFENSE CENTER, INC.
2350 W 84TH STREET
#18
HIALEAH, FL 33016 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: AWAD, FAJRI D
Address: 4753 NW 103 AVE
City-St-Zip: SUNIRISE, FL 33351 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: AWAD, FAJRI D
Address: 4753 NW 103 AVE
City-St-Zip: SUNRISE, FL 33351 US

Title: VP ( ) Change (X) Addition
Name: GONZALEZ, FABIANA
Address: 4753 NW 103 AVE
City-St-Zip: SUNRISE, FL 33351

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: AWAD FAJRI P 05/28/2008

Electronic Signature of Signing Officer or Director Date