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Mar 30, 2005 8:00 am
Secretary of State
02-28-2005 90209 045 ***100.00
03-30-2005 90031 019 ****50.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000084495

1. Entity Name
FANTASY OF COLOMBIAN FLOWERS, INC.

Principal Place of Business	Mailing Address
~~8247 PEMBROOK VILLAS CIR~~	~~8247 PEMBROOK VILLAS CIR~~
~~ORLANDO, FL 32810-2451~~	~~ORLANDO, FL 32810-2451~~

01242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
955 West Lancaster Rd	965 West Lancaster Rd
Suite, Apt. #, etc. Unit No 1	Suite, Apt. #, etc. Unit No 1
City & State Orlando	City & State Orlando
Zip FL 32809 Country Orange	Zip FL 32809 Country Orange

4. FEI Number 56-2466809 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MUSUMECI, ALVIS
~~8247 PEMBROOK VILLAS CIR~~
~~ORLANDO, FL 32810-2451~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable) 5016 Park Central Dr
Apt 2216
City Orlando FL FL Zip Code 32839

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 X Alvis Musumeci Registed Agent. X 01-24-05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MUSUMECI, ALVIS ~~8247 PEMBROOK VILLAS CIR~~ ~~ORLANDO, FL 328102451~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5016 Park Central Dr Apt 2216, Orlando FL 32839	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LARA, ANABELLA 5216 MILLENIA BLVD APT 202 ORLANDO, FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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 Alvis Musumeci, PRESIDENT. X 01-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #