


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90351 024 ***150.00

DOCUMENT # P04000088184
 1. Entity Name
IRMA'S ORCHIDS & EXOTICS, INC.



Principal Place of Business Mailing Address
20725 NE 32ND PLACE **20725 NE 32ND PLACE**
AVENTURA, FL 33180 **AVENTURA, FL 33180**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04222006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1236348 Not Applicable

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

6. Name and Address of Current Registered Agent
DEGASPARI, ROSSANA
20725 NE 32ND PLACE
AVENTURA, FL 33180

7. Name and Address of New Registered Agent
 Name **ROSSANA DEGASPARI**
 Street Address (P.O. Box Number is Not Acceptable)
2670 35th Avenue NE
 City **Naples** FL Zip Code **34120**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **DEGASPARI, IRMA**
 STREET ADDRESS **20725 NE 32ND PLACE**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **P** Change Addition
 NAME **DEGASPARI, IRMA**
 STREET ADDRESS **2670 35th Avenue NE**
 CITY-ST-ZIP **Naples, FL 34120**

TITLE **ST** Delete
 NAME **DEGASPARI, ROSSANA**
 STREET ADDRESS **20725 NE 32ND PLACE**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **ST** Change Addition
 NAME **DEGASPARI, ROSSANA**
 STREET ADDRESS **2670 35th Avenue NE**
 CITY-ST-ZIP **Naples, FL 34120**

TITLE **VP** Delete
 NAME **DEGASPARI, ALEX**
 STREET ADDRESS **6693 COLLINS AVE**
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Irma Degaspari Date 4-25-06 Daytime Phone # 239-455-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR