

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088184

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: IRMA'S ORCHIDS & EXOTICS, INC.

**Current Principal Place of Business:**

2670 35TH AVE. N.E.  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

2670 35TH AVE. N.E.  
NAPLES, FL 34120

**New Mailing Address:**

FEI Number: 20-1236348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEGASPARI, ROSSANA  
2670 35TH AVE NE  
NAPLES, FL 34120 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: DEGASPARI, IRMA  
Address: 2670 35TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: ST ( ) Delete  
Name: DEGASPARI, ROSSANA  
Address: 2670 35TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete  
Name: DEGASPARI, ALEX  
Address: 6693 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33141

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

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

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 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: ROSSANA DE GASPARI

ST

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date