

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # P04000093567

1. Entity Name
FLORISTA GIFTS, BOTANICA EL ACHE CORP.



Principal Place of Business
**1181 W 37TH ST.
HIALEAH, FL 33012**

Mailing Address
**9803 NW 128TH LN
HIALEAH GARDENS, FL 33018**



03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0104069

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FUNDORA, YAREMIS M
9803 NW 128TH LN
HIALEAH GARDENS, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FUNDORA, YAREMIS M
STREET ADDRESS	9803 NW 128TH LN
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	VP
NAME	FUNDORA, RENE M
STREET ADDRESS	9803 NW 128TH LN
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/07-80088-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENE M FUNDORA 3/15/2007 305-557-5155

Date

Daytime Phone #