

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000124681**

1. Entity Name  
**R & J FLOWERS INC.**



Principal Place of Business  
**2836 STIRLING RD BAY C  
 HOLLYWOOD, FL 33020**

Mailing Address  
**2836 STIRLING RD BAY C  
 HOLLYWOOD, FL 33020**

**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**34-2016087**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAMNESS, JEROME H  
 7900 SHALIMAR ST  
 MIRAMAR, FL 33023-2430**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	CEO CHAMNESS, JEROME H 7900 SHALIMAR ST BAY C MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CHAMNESS, JEROME H 7900 SHALIMAR ST BAY C MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSO TYPROWILCZ, RON PO BOX 1253 DANIA, FL 33004
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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 03/26/07-80004-017 150.00

**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: Jerome H Chamness 1-08-07 954-923-2770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #