


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P04000134509 1. Entity Name ALIELY FLOWERS & PARTY INC. |  |
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| Principal Place of Business 6214 SW 8TH STREET MIAMI, FL 33144 | Mailing Address 6214 SW 8TH STREET MIAMI, FL 33144 |
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 20-1701218 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**RAMOS, DAVID
6214 SW 8TH STREET
MIAMI, FL 33144**

**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.

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|---|---|------|
| SIGNATURE <small>Signature, typed or printed name of registered agent and fee if applicable.</small> | (NOTE: Registered Agent signature required when reappointing) | DATE |
|---|---|------|

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|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000465977 03/27/06-80024-013 150.00 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RAMOS, DAVID 6214 SW 8TH STREET MIAMI, FL 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST RAMOS, ELIA 6214 SW 8TH STREET MIAMI, FL 33144 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|---|---|---------------------|--------------------------------|