

DOCUMENT # P04000159547

1. Entity Name  
FLOWERS CREATIONS, INC.

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90162 021 \*\*\*158.75

Principal Place of Business

3309 W WATERS AVENUE  
SUITE C  
TAMPA, FL 33614

Mailing Address

3309 W WATERS AVENUE  
SUITE C  
TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

04152005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1786728

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

 CRUZ, ARLENE M  
 3309 W. WATERS AVENUE  
 SUITE C  
 TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

4/28/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 ☐ Delete  
 NAME CRUZ, DANIEL  
 STREET ADDRESS 3309 W. WATERS AVENUE SUITE C  
 CITY-ST-ZIP TAMPA, FL 33614

 TITLE VP ☐ Delete  
 NAME CRUZ, ARLENE M  
 STREET ADDRESS 3309 W. WATERS AVENUE SUITE C  
 CITY-ST-ZIP TAMPA, FL 33614

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

4/28/05