

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 & State

City & State

Zip Country

Zip Country



04152005 Chg-P<sup>r</sup> 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)* DATE 4/28/05

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CRUZ, DANIEL	
STREET ADDRESS	3309 W. WATERS AVENUE SUITE C	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRUZ, ARLENE M	
STREET ADDRESS	3309 W. WATERS AVENUE SUITE C	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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)* DATE 4/28/05 DAYTIME PHONE #