## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000163037

FISHMAN, YALE

MIAMI, FL 33122

2005 NW 70TH AVE

Name:

Address:

City-St-Zip:

Entity Name: THE FLOWER EXCHANGE.COM INC

FILED Apr 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2005 NW 70TH AVE 108 MIAMI, FL 33122 **New Mailing Address: Current Mailing Address:** 2005 NW 70TH AVE MIAMI, FL 33122 FEI Number: 20-1958405 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISHMAN, MARC 2005 NW 70TH AVE 108 MIAMI, FL 33122 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FISHMAN, MARC Name: Name: 2005 NW 70TH AVE Address: Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: Title: Title: () Delete () Change () Addition PALACIO, JUAN C Name: Name: 2005 NW 70TH AVE Address: Address: MIAMI, FL 33122 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition OSSA, GUSTAVO Name: Name: 2005 NW 70TH AVE Address: Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JUAN C. PALACIO VP 04/11/2006