

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000163037

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** THE FLOWER EXCHANGE.COM INC

**Current Principal Place of Business:**

7392 NW 35 TERRACE, STE 303  
MIAMI, FL 33122

**New Principal Place of Business:**

2291 NW 82 AVE  
MIAMI, FL 33122

**Current Mailing Address:**

7392 NW 35 TERRACE, STE 303  
MIAMI, FL 33122

**New Mailing Address:**

2291 NW 82 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:**

OSSA, GUSTAVO  
7392 NW 35 TERRACE  
303  
MIAMI, FL 33122 US

**Name and Address of New Registered Agent:**

OSSA, GUSTAVO  
2291 NW 82 AVE  
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: GUSTAVO OSSA

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: OSSA, GUSTAVO  
Address: 2291 NW 82 AVE  
City-St-Zip: MIAMI, FL 33122

I hereby 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 all other like empowered.

SIGNATURE: GUSTAVO OSSA

PS

04/30/2011

Electronic Signature of Signing Officer or Director

Date