

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1.052

DOCUMENT # P04000171461

1. Entity Name
KARINNE & ALINA'S WOOD CRAFTED FLOWERS, INC.



FILED

05 AUG-3 PM 3:53

Principal Place of Business

9557 NW 52 MANOR
SUNRISE, FL 33351

Mailing Address

9557 NW 52 MANOR
SUNRISE, FL 33351

03/14/05 90097024 \$150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-2161720

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, KARINNE
9557 NW 52 MANOR
SUNRISE, FL 33351

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)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BERNSTEIN, KARINNE	
STREET ADDRESS	9557 NW 52 MANOR	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BERNSTEIN, CRAIG	
STREET ADDRESS	9557 NW 52 MANOR	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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)(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:

Karinne Bernstein Karinne Bernstein 3/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2082

KARINNE & ALINA'S WOOD CRAFTED FLOWERS, INC.
9557 NW 52ND MANOR
SUNRISE, FL 33351

July 19, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P04000171461
Notice of Intent to Dissolve

Dear Sir/Madam,

I recently received a Notice of Intent to Dissolve. I filed the annual report for Karinne & Alina's Woodcrafted Flowers, Inc. on March 11, 2005 along with my check #2110 in the amount of \$150.00. I have enclosed a copy of the Annual Report I filed along with the copy of the canceled check for the appropriate fee.

Thank you for your attention in this matter.

Regards,



Karinne Bernstein, President