2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-27-2007 90010 015 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000048556

1. Entity Name
FIESTA GIFTS & FLOWERS, INC.

Principal Place of Business	Mailing Address
308 SOUTH STATE ROAD 7 UNIT #308 MARGATE, FL 33068 US	6705 NW 17 STREET MARGATE, FL 33063 US

03162007 Chg-P CR2E034 (12/06) 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	308 SOUTH STATE RD. 7
Suite, Apt. #, etc.	Suite, Apt. #, etc. UNIT # 308
City & State	City & State MARGATE, FLORIDA
Zip / Country	Zip 33068 / Country US

4. FEI Number 20-2603420 ☐ Applied For ☐ Not Applicable

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
GOMEZ, PAOLA D 308 SOUTH STATE ROAD 7 UNIT #308 MARGATE, FL 33068	Name VICTORIA GOMEZ Street Address (P.O. Box Number is Not Acceptable) 308 SOUTH STATE ROAD 7 UNIT 308 City MARGATE FL Zip Code 33068

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: x Victoria Gomez DATE: x 03-19-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOMEZ, PAOLA D 6705 NW 17TH STREET MARGATE, FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICTORIA GOMEZ, PRESIDENT 306 S. SR 7 UNIT 306 MARGATE, FLORIDA 33068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOMEZ, JORGE A 6705 NW 17TH STREET MARGATE, FL 333063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ISMAEL GOMEZ 306 S. SR 7 UNIT 306 MARGATE FLORIDA 33068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMEZ, CLAUDIA M 6705 NW 17TH STREET MARGATE, FL 333063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, ELVIA E 6705 NW 17TH STREET MARGATE, FL 333063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: x Victoria Gomez x03-19-07 x954-7045072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #