


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90168 032 ***150.00

DOCUMENT # P05000110559 1. Entity Name YOUR WHOLESALE FLORIST, INC.					
Principal Place of Business 2055 SW 8 STREET MIAMI, FL 33135			Mailing Address 2055 SW 8 STREET MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 22688-SW 8 ST.		3. Mailing Address (SAME)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State		4. FEI Number 20-3280190	
Zip 33135		Country DADE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04302008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GARCIA, BERTHA C 1943 SW 8 STREET MIAMI, FL 33135			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DEL POZO, JOSE L 2055 SW 8 STREET MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>JOSE DEL POZO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-28-08 305-644-2974 Date Daytime Phone #		