

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90013 038 ***150.00

DOCUMENT # P05000126756 1. Entity Name BOTANICAL DREAMS, INC.																													
Principal Place of Business 100 POSSUM PASS WEST PALM BEACH, FL 33413			Mailing Address 100 POSSUM PASS WEST PALM BEACH, FL 33413																										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
FREIRE, ALFREDO R 100 POSSUM PASS WEST PALM BEACH, FL 33413			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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: <u><i>Alfredo Freire</i></u> ALFREDO FREIRE 7/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FREIRE, ALFREDO R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 POSSUM PASS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33413</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	FREIRE, ALFREDO R		STREET ADDRESS	100 POSSUM PASS		CITY-ST-ZIP	WEST PALM BEACH, FL 33413		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">SECRETARY</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SANDRA HAWK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1747 PRIMROSE LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33414</td> <td></td> </tr> </table>			TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	SANDRA HAWK		STREET ADDRESS	1747 PRIMROSE LANE		CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
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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><i>Alfredo Freire</i></u> ALFREDO FREIRE 7/1/06 561-918-3189 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																													

40098063



07052006 Chg-P CR2E034 (11/05)

4. FEI Number **01-0845025** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**