

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90001 043 ***158.75

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DOCUMENT # P05000136087 1. Entity Name FLOWER CONCEPTS, INC.					
Principal Place of Business 7225 NW 44TH AVE. MIAMI, FL 33166			Mailing Address 8300 SW 152ND ST. PALMETTO BAY, FL 33157		
2. Principal Place of Business 7225 NW 44TH ST Suite, Apt. #, etc.		3. Mailing Address 8300 SW 152 ST Suite, Apt. #, etc.		07212006 Chg-P CR2E034 (11/05)	
City & State MIAMI FL 33166 Zip Country 33166 DADE		City & State MIAMI FL 33157 Zip Country 33157 DADE		4. FEI Number 20-3593856 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MARATOS, ALEXANDROS H 8300 SW 152ND ST. PALMETTO BAY, FL 33157	
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: <i>Alex H. Maratos</i> DATE: 07/31/06 <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARATOS, ALEXANDROS H 8300 SW 152ND ST. PALMETTO BAY, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARATOS, CAROLINA A 8300 SW 152ND ST. PALMETTO BAY, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Alex H. Maratos</i> DATE: 07/31/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		