

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2006-90002-041-\$150.00-\$150.00

**FILED**

06 SEP 27 AM 7:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07112006 Chg-P CR2E034 (11/05)

**DOCUMENT # P05000160042**

1. Entity Name  
**P & R FLOWERS & GIFTS, INC.**



Principal Place of Business  
**15965 SW 66TH TERRACE  
MIAMI, FL 33193**

Mailing Address  
**15965 SW 66TH TERRACE  
MIAMI, FL 33193**

2. Principal Place of Business  
**15912 SW 64 TERRACE  
MIAMI FLORIDA**

3. Mailing Address  
**15912 SW 64 TERRACE  
MIAMI FLORIDA**

City & State  
**33193 USA**

City & State  
**MIAMI FLORIDA**

4. FEI Number  
**20-3980583**

Applied For  
Not Applicable

Zip  
**33193**

Country  
**USA**

Zip  
**33193**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**BROWN, PEARLINE  
15965 SW 66TH TERRACE  
MIAMI, FL 33193**

**7. Name and Address of New Registered Agent**

Name **BROWN PEARLINE**  
Street Address (P.O. Box Number is Not Acceptable)  
**15912 SW 64 TERRACE**  
City **MIAMI** FL Zip Code **33193**

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 *Pearline Brown*

DATE **08-29-06**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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**

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BROWN, PEARLINE<br>15965 SW 66TH TERRACE<br>MIAMI, FL 33193       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BROWN, ROGER A<br>7502 NW 23RD STREET<br>PEMBROKE PINES, FL 33024 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BROWN PEARLINE - P<br>15912 SW 64 TERRACE<br>MIAMI, FLORIDA 33193       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BROWNE ROGER A<br>7502 N.W. 23RD STREET<br>PEMBROKE PINES FL 33024 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Pearline Brown* PEARLINE BROWN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **07-12-06** 305-386-5240  
Date Daytime Phone

*jc 9/27*