

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90001 045 ***558.75

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02142007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000007831 1. Entity Name J & C FLORAL ALLIANCE, INC.					
Principal Place of Business 19355 TURNBERRY WAY # 3C AVENTURA, FL 33180 US			Mailing Address 19355 TURNBERRY WAY # 3C AVENTURA, FL 33180 US		
2. Principal Place of Business - No P.O. Box # 8245 S.W. 177th Ter.		3. Mailing Address Same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, Florida		City & State 			
Zip 33157		Country 		Zip 	
Country 		Country 			
4. FEI Number 22-3919996				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 ALI, JURILLI 19355 TURNBERRY WAY # 3C AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Jurilli Ali Street Address (P.O. Box Number is Not Acceptable) 8245 S.W. 167th Ter. City Miami, FL Zip Code 33157		
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>Jurilli Ali</i></u> DATE <u>5-1-07</u> <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 After May 1, 2007 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 P NAME ALI, JURILLI STREET ADDRESS 19355 TURNBERRY WAY, # 3C CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE PS NAME Ali, Jurilli STREET ADDRESS 8245 S.W. 167th Ter. CITY-ST-ZIP Miami, Florida 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME ALI, JURILLI STREET ADDRESS 19355 TURNBERRY WAY, # 3C CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE VPT NAME Lozano, Carlos STREET ADDRESS 8245 S.W. 167th Ter. CITY-ST-ZIP Miami, Florida 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LOZANO, CARLOS STREET ADDRESS 19355 TURNBERRY WAY, # 3C CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TRE NAME LOZANO, CARLOS STREET ADDRESS 19355 TURNBERRY WAY, # 3C CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
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>Jurilli Ali</i></u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			Daytime Phone #		