# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028354

Entity Name: FLORAL YELLOW PAGES.COM INC.

# FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
urrent Frincipal Flace of Business:	New Finicipal Flace of Business

C/O SOUTH BROWARD ACCOUNTING SERVICE INC 1152 N UNIVERSITY DRIVE STE 202 PEMBROKE PINES, FL 33024

5599 S UNIVERSITY DRIVE ~ STE 306 DAVIE, FL 33328

New Mailing Address:

# **Current Mailing Address:**

C/O SOUTH BROWARD ACCOUNTING SERVICE INC 1152 N UNIVERSITY DRIVE STE 202 PEMBROKE PINES, FL 33024

% SOUTH BROWARD ACCTNG SVCS 5599 S UNIVERSITY DRIVE ~ STE 306

% SOUTH BROWARD ACCTNG SVCS

DAVIE, FL 33328

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

#### Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHEDIAK, MIRTA 1152 N UNIVERSITY DRIVE STE 202 PEMBROKE PINES, FL 33024

CHEDIAK, MIRTA % SOUTH BROWARD ACCTNG SVCS 5599 S UNIVERSITY DRIVE ~ STE 306 DAVIE, FL 33328 US

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.

SIGNATURE: MIRTA CHEDIAK 04/26/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete FEUERHERM, WAYNE Name:

Address:

City-St-Zip: PEMBROKE PINES, FL 33024

C/O SBAS 1152 N UNIVERSITY DR STE 202

Title: () Delete Name: CHEDIAK, GILBERT A 16317 NW 11 STREET Address: PEMBROKE PINES, FL 33028 City-St-Zip:

Title: (X) Change ( ) Addition

FEUERHERM, WAYNE Name:

Address: % SBAS @ 5599 S UNIVERSITY DR  $\sim$  306

City-St-Zip: **DAVIE, FL 33328** 

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE FEUERHERM 04/26/2007 D