


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90023 030 ***150.00

DOCUMENT # P06000130900 1. Entity Name MIAMI FLOWERS INCORPORATED																	
Principal Place of Business 6616 CORAL WAY 7293 Coral Way MIAMI, FL 33155				Mailing Address 6616 CORAL WAY 7293 Coral Way MIAMI, FL 33155													
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country													
4. FEI Number 20-4758308 <input checked="" type="checkbox"/> APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03052008 Chg-P CR2E034 (12/06)													
6. Name and Address of Current Registered Agent MELENDEZ, CARLOS Lydia Escobar 6616 CORAL WAY 7293 Coral Way MIAMI, FL 33155 Miami, FL 33155				7. Name and Address of New Registered Agent Name Lydia Escobar Street Address (P.O. Box Number is Not Acceptable) 7293 Coral Way City Miami FL Zip Code 33155													
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>Lydia Escobar</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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																	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
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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>Lucia Rodriguez</i></u> 3/5/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																	