## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 22, 2007 8:00 am **Secretary of State** DOCUMENT # P06000144214 01-22-2007 90088 029 \*\*\*150.00 1. Entity Name BOCA'S TROPICAL GARDENS AND FLOWERS, CORP Principal Place of Business Mailing Address 400000 1704 AVENIDA DEL SOL 1704 AVENIDA DEL SOL BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1704 Avenida 1704 Avenida Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 CR2E034 (12/06) Boca P Applied For City & State 4. FEI Number ഹവ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERRIO, OLMEDO (P.O. Box Number is Not Acceptable) 1704 AVENIDA DEL SOL venida BOCA RATON, FL 33432 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. (NOTE Registered Agent signature required when refretating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete President TITLE TITLE BERRIO, OLMEDO NAME NAME GARY KING 1704 Avenida Del Sol 1704 AVENIDA DEL SOL STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP BOCA RATON, FL 33432 Boca Raton, FL 33432 VICE President Delete TITLE Change ☐ Addition TITLE Maria Pavão 1704 Avenida Del Sol BERRIO, NIDIA NAME STREET ADDRESS 1704 AVENIDA DEL SOL STREET ADDRESS CITY-ST-ZIP Boca Raton, FL. 33432 BOCA RATON, FL 33432 CITY-ST-ZIP ☐ Delete TITLE □ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED