

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000037712

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** LIVING WITH FLOWERS, INC.

**Current Principal Place of Business:**

1017 STATE ROAD 84  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

251 WEST ROYAL COVE CIRCLE  
DAVIE, FL 33325

**New Mailing Address:**

**FEI Number:** 20-8807711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ONTIVERO, NERLIN ESQ.  
251 WEST ROYAL COVE CIRCLE  
DAVIE, FL 33325 US

**Name and Address of New Registered Agent:**

ONTIVERO, NERLIN ESQ.  
9050 PINES BOULEVARD  
STE 415  
PEMBROKE PINES, FL 33024 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: NERLIN ONTIVERO, RA

02/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ONTIVERO, CATALINA  
Address: 1017 STATE ROAD 84  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: TRS  
Name: ONTIVERO, RAMON  
Address: 1017 STATE ROAD 84  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SCY  
Name: ONTIVERO, NERLIN ESQ.  
Address: 1017 STATE ROAD 84  
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby 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 all other like empowered.

SIGNATURE: CATALINA ONTIVERO

PRES

02/26/2012

Electronic Signature of Signing Officer or Director

Date