



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90014 003 ***150.00

DOCUMENT # P07000071099					
1. Entity Name FLOWER BREEZE CORP					
Principal Place of Business 1039 W 23 ST MIAMI, FL 33010			Mailing Address 1039 W 23 ST MIAMI, FL 33010		
2. Principal Place of Business - No P.O. Box # 1710 NW 7th St Suite, Apt. #, etc. Ste: 201 City & State Miami, Florida Zip 33125 Country U.S.A.		3. Mailing Address 1710 NW 7th St Suite, Apt. #, etc. Ste: 201 City & State Miami, Florida Zip 33125 Country U.S.A.			
04252008 Chg-P CR2E034 (12/06)					
4. FEI Number 20-4583131				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FLEITAS, CAMILO A 1039 W 23 ST MIAMI, FL 33010			7. Name and Address of New Registered Agent Name: Camilo A. Fleitas Street Address (P.O. Box Number is Not Applicable): 1710 NW 7th St Ste: 201 City: Miami FL 33125		
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>Camilo Alfaro</u> DATE: <u>04/25/08</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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLEITAS, CAMILO A 1039 W 23 ST MIAMI, FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Fleitas Camilo A. 1710 NW 7th St Ste: 201 Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PEREZ, YAHUMARA G 1039 W 23 ST MIAMI, FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Perez Yahumara G. 1710 NW 7th St Ste: 201 Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Camilo Alfaro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>04/25/08</u> Daytime Phone #: <u>(786) 704-2953</u>		