

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131974

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: SNOW, VINE, & FLOWER CORP.

## Current Principal Place of Business:

2862 NE 8 ST  
HOMESTEAD, FL 33033

## New Principal Place of Business:

## Current Mailing Address:

2160 SE 19 AVE  
HOMESTEAD, FL 33035

## New Mailing Address:

FEI Number: 11-3830081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEYVA, IRIS  
2160 SE 19 AVE  
HOMESTEAD, FL 33035 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SERRANO, NIEVES  
Address: 2862 NE 8 ST  
City-St-Zip: HOMESTEAD, FL 33033

Title: DVP ( ) Delete  
Name: VALDES, IVY  
Address: 2862 NE 8 ST  
City-St-Zip: HOMESTEAD, FL 33033

Title: VPD ( ) Delete  
Name: LEYVA, IRIS  
Address: 2862 NE 8 ST  
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete  
Name: VALDES, ENRIQUE F  
Address: 2862 NE 8 ST  
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete  
Name: LEYVA, MARIO L  
Address: 2862 NE 8 ST  
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete  
Name: SERRANO, JOSE L  
Address: 2862 NE 8 ST  
City-St-Zip: HOMESTEAD, FL 33033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: IRIS LEYVA

VPD

02/12/2009

Electronic Signature of Signing Officer or Director

Date