

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000088117

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA FLOWER WHOLESALER, INC.

**Current Principal Place of Business:**

5225 GODDARD AVE  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

5225 GODDARD AVE  
ORLANDO, FL 32810 US

**New Mailing Address:**

**FEI Number:** 27-1204352      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

URIARTE, JESUS MR  
10 NW 42 AVE  
SUITE 610  
MIAMI, FL 33126 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GARCIA, KRISTOPHER MR  
**Address:** 415 E PINE ST, #1213  
**City-St-Zip:** ORLANDO, FL 32801 US

**Title:** S  
**Name:** SOLEDAD GARCIA, EMMA MSS  
**Address:** 539 VIA FONTANA  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US

**Title:** S  
**Name:** GARCIA, OSCAR MR  
**Address:** 2830 SW 130 AVE  
**City-St-Zip:** MIAMI, FL 33175 US

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:** EMMA GARCIA

S

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date