


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P23140</b>	
1. Entity Name <b>THE COLOMBIAN FLOWER COUNCIL, INC.</b>	

Principal Place of Business <b>8725 N.W. 18 TERR. #106 MIAMI, FL 33172</b>	Mailing Address <b>8725 N.W. 18 TERR. #106 MIAMI, FL 33172</b>
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01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0050468</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CLAUDIA, CASTELLANDS 8725 NW 18TH TERR, SUITE 106 SUITE 106 MIAMI, FL 33172</b>
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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 <i>Claudia Castellanos Assistant Treasurer</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <b>1-7-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARISTIZABAL, GONZALO P.O. BOX 65139 MEDILLIN COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARELA, ALVERA 9475 NW 13 ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CLAUDIA, CASTELLANOS 8725 NW 18TERR #106 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>CK#8247</b>
U00000176306 01/10/05-80083-019 61.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: <i>Claudia Castellanos Assistant Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>1-7-05</b> <small>Date</small>	DAYTIME PHONE # <b>305/477-9141</b> <small>Daytime Phone #</small>
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