

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014011

FILED
May 01, 2004
Secretary of State

Entity Name: THE COLLIFLOWER FAMILY CORP.

Current Principal Place of Business:

220 EDGEWATER DR
CORAL GABLES, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

220 EDGEWATER DR
123 S.W. 30TH RD. STREET
CORAL GABLES, FL 33133 US

New Mailing Address:

FEI Number: 65-0380576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRYSTAL, NEIL R ESQ.
DUNWODY WHITE & LANDON, P.A.
550 BILTMORE WAY, STE. 810
CORAL GABLES, FL 33134 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: D () Delete
Name: COLLIFLOWER, OWEN
Address: 220 EDGEWATER DR
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: COLLIFLOWER, ESTHER T
Address: 220 EDGEWATER DR
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: OWEN COLLIFLOWER

D

05/01/2004

Electronic Signature of Signing Officer or Director

Date