2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 07, 2004 8:00 am **DOCUMENT # P93000058440** Secretary of State 1. Entity Name 04-07-2004 90344 021 ***150.00 ISIS FLOWER GARDENS INC. Principal Place of Business 36175, W 8 Thus Ayramin, Florida 3617 SW8TH 2. Principal Place of Business 8tf-\$1 CR2E034 (11/03) City & State City & State Applied For 4. FEI Number FlORIDA FloRIDA 65-0430527 WIAMI Not Applicable Country .SA \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOTUSING, CARMEN old address Street Address (P.O. Box Number is Not Acceptable) 606A EAST 9TH STREET HIALEAH FL 33010 City Zip Code 8. The above named ept(s) 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. change Presiden ☐ Delete TITLE HOTUSING, CARMEN NAME NAME 606A E. 9TH STREET STREET ADDRESS STREET ADDRESS .23 /3/ HIALEAH FL 33010 CiTY-ST-7iP CITY-ST-78 VΡ L Delete TITLE TITLE BERRIOS, MARIA T NAME NAME 36175W 8th At 606A E. 9TH STREET STREET ADDRESS STREET ADDRESS HIAMI, FLORIDAW 331 HIALEAH FL 33010 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Jilfredo Berrios JR NAME BERRIOS, WILFREDO JR NAME 36175.W. BOLD STREET ADDRESS 606A_E..9TH_STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Florida HIALEAH FL 33010 SECRETARY BETTIES TITLE ☐ Delete TITLE Change Addition Maria T. NAME 3617 SW 8th St STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete* TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED