


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90088 012 \*\*\*150.00

<b>DOCUMENT # P93000058440</b>					
1. Entity Name ISIS FLOWER GARDENS INC.					
Principal Place of Business 3617 SW 8TH STREET MIAMI, FL 33135 US			Mailing Address 3617 SW 8TH STREET MIAMI, FL 33135 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0430527	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOTUSING, CARMEN <del>606A EAST 9TH STREET</del> HIALEAH, FL 33010			Name <i>Hotusing Carmen A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>14827 Balgowan Rd. Bldg 8 - apt 203 MIAMI LAKES FL 33016</i> City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering.) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOTUSING, CARMEN 606A E. 9TH STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Hotusing CARMEN A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14827 BALGOWAN RD Bldg 8 Apt 203 MIAMI LAKES FL 33016		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOTUSING, CARMEN A 3617 SW 8TH ST. MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BERRIOS WILFREDO JR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7199 WEST 30CT HIALEAH, FL 33012		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BERRIOS, WILFREDO JR 3617 SW 8TH ST. MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BERRIOS WILFREDO JR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7199 WEST 30CT HIALEAH, Florida 33018		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BERRIAS, MARIAT <i>BERRIOS</i> <input type="checkbox"/> Delete 3617 SW 8TH ST. MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BERRIOS, MARIAT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7199 WEST 30CT HIALEAH, Florida 33018		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <i>Carmen Hotusing</i>				Date: <i>1/15/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	