

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90104 046 ***150.00

DOCUMENT # P93000058440

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

DO NOT WRITE IN THIS SPACE



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0430527

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOTUSING, CARMEN
14827 BARGOWAN RD BLDG 8 APT 203
HIALEAH, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P HOTUSING
NAME	HOUSTING, CARMEN
STREET ADDRESS	14827 BALGOWAN RD BLDG 8 APT 203
CITY - ST - ZIP	HIALEAH, FL 33016

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 1, 2006