2003 FOR PROFIT CORPORATION

DOCUMENT # P93000058440 1. Entity Name TSIS FLOWER GARDENS INC. 1. SIS Flower GARDENS INC. 03 MAY 27 AM 10: 21				8 ≥
Principal Place of Business 606A E. 9TH STREET HIALEAH FL 33010 US	E. 9TH STREET 606A E. 9TH STREET		SECRETALLY OF STATE TALL AHASSEE. FLORIDA	
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.			THE CHECK HERE IF MAKING CHANG	,
City & State City & State			4. FEI Number 65-0430527 Applied For	
Zip————————————————————————————————————	Country Zip Country		5 Certificate of Status Desired 5 \$8.75	Not Applicable Additional
6. Name and Address of Cui	rent Registered Agent		7. Name and Address of New Registered Agent	ijted
HOTUSING, ORLANDO 606A EAST 9TH STREET HIALEAH FL 33010		Street Address	P.O. Box Number is Not Acceptable) A East 917 St	Code . A
the obligations of registered agent. SIGNATURE Signature typed or printed name of registered FILE NOW!!! FEE IS \$150.00	agent and title if applicable. (NOTE: F	HIM	red agent, or both, in the State of Florida. I am familiar with the state of F	3
After May 1, 2003 Fee will be \$550 Make Check Payable to Florida Departme			· · · · · · · · · · · · · · · · · · ·	5.00 May Be ded to Fees
10. OFFICERS	AND DIRECTORS	TITLE A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTION	
NAME STREET ADDRESS TO STREET	C Votete	NAME CAN	GARAGEST	
CITY-ST-ZIP HIAE AT PL 33010		CITY-ST-ZIP	ALEAH, PL 33010 PRESI	7. V. SE
TITLE S HOTUSING, CARMEN STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010	□ Delete	NAME .	ria ti Berrios. Change 64 w 21 AVE Lep 4 FL 33016 VISE	α
TITLE TO THE STATE OF THE STREET ADDRESS	Delete -	NAME STREET ANDRESS 52	SOUW 27AVE	ge Addition =
CITY-ST-ZIP			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	asurer.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	ge 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 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: SIGNATURE:				
SIGNATURE AND TYPE	JUK PHINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date Daytime Phone	.*