

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90225 039 \*\*\*158.75

|                                           |                                                                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P94000002082                   |  |
| 1. Entity Name<br>BOTANICAL DESIGNS, INC. |                                                                                   |

|                                                                                     |                                                          |
|-------------------------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business<br>5931 RAVENSWOOD RD<br>BAY A6<br>DAVIA FL 33312<br>US | Mailing Address<br>PO BOX 291431<br>DAVIE FL 33329<br>US |
|-------------------------------------------------------------------------------------|----------------------------------------------------------|

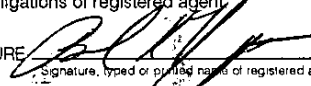


|                                                                                                                                                              |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 2. Principal Place of Business<br>3675 NW 19th Street<br>Suite, Apt. #, etc.<br>LAUDERDALE LAKES<br>City & State<br>FLORIDA<br>Zip<br>33311<br>Country<br>US | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

1st MOORE CR2E034 (10/04)

|                                                                                                                                  |                               |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>65-0462967                                                                                                      | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                              |                               |
| 6. Name and Address of Current Registered Agent<br>FEINBERG, BERNARD R.<br>4400 SW 43RD AVE<br>FORT LAUDERDALE FL 33314          |                               |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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  DATE 4/18/05

(NOTE: Registered Agent signature required when reinstating)

|                                                                                                                            |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FEINBERG, BERNARD R<br>4400 SW 43RD AVE<br>FT LAUDERDALE FL 33314 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>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:  4-18-05 954-677-9727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #