

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000026211

FILED  
Sep 12, 2007  
Secretary of State

Entity Name: MARIA FLOWERS INTERNATIONAL, INC.

## Current Principal Place of Business:

100 N. BISCAYNE BLVD.  
SUITE 1001  
MIAMI, FL 33132 US

## New Principal Place of Business:

## Current Mailing Address:

100 N. BISCAYNE BLVD.  
SUITE 1001  
MIAMI, FL 33132 US

## New Mailing Address:

FEI Number: 65-0485881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERNSTEIN, JEFFREY A ESQ  
100 N. BISCAYNE BLVD.  
SUITE 1001  
MIAMI, FL 33132 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: VILLAMIZAR, JORGE  
Address: 4201 COLLINS AVE APT 1603  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete  
Name: VILLAMIZAR, FELIPE  
Address: 4201 COLLINS AVE., APT. 1603  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Delete  
Name: JOBES, CAYETANO  
Address: 8800 N.W. 24 TERRACE  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VSD (X) Change ( ) Addition  
Name: VILLAMIZAR, FELIPE  
Address: 4201 COLLINS AVE., APT. 1603  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIPE VILLAMIZAR

V

09/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date