

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000062371

1. Entity Name
THE GREAT NORTH AMERICAN FLORAL CO.



Principal Place of Business

**9475 NW 13TH STREET
MIAMI, FL 33172**

Mailing Address

**111 SW 3RD ST
6TH FLOOR MCCORMICK BLDG
MIAMI, FL 33130**



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0520359	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, ELLIOTT
111 SW 3RD ST
6TH FLOOR MCCORMICK BLDG
MIAMI, FL 33130**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARELA, ALVARO 9475 NW 13TH ST MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, ELLIOTT 111 S.W. 3RD ST., 6TH FLOOR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT VARELA, SABINA 9475 N.W. 13TH STREET MIAMI, FL 33172
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02/06/04-80146-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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 807, 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

2/3/04 (301) 477-0291
Date Daytime Phone #