


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 018 ***150.00

DOCUMENT # P94000088066

1. Entity Name
EXQUISITE FLOWERS, INC.



Principal Place of Business Mailing Address
 1015 S "M" ST 1015 S "M" ST
 LAKE WORTH, FL 33460 US LAKE WORTH, FL 33460 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
360 South Congress Ave *601 S. Federal Hwy*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
West Palm Beach, FL *Lake Worth, FL*
 Zip Country Zip Country
33406 *Palm Beach* *33460* *Palm Beach*

40056559



03042008 Chg-P CRZE034 (12/06)

4. FEI Number Applied For
65-0539514 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KLINGEL, JOHN M
1015 S M STREET
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent
 Name: *Klingel, John M*
 Street Address (P.O. Box Number is Not Acceptable): *601 S. Federal Hwy Unit # 36*
 City: *Lake Worth* FL Zip Code: *33460*

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 re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINGEL, JOHN M 1015 S "M" ST. LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P + D</i> Klingel, John M <i>601 S. Federal Hwy Unit # 36</i> <i>Lake Worth, FL, 33460</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STIMELY, CHARLENE 2553 SW 10TH CT BOYNTON BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: *Charlene Stimely, Charlene Stimely, Inc. 3/6/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #