


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000009535 1. Entity Name SILK FLOWER SUPERMARKET, INC.		
Principal Place of Business 2900 W. SAMPLE ROAD #1533 POMPAÑO BEACH, FL 33067	Mailing Address 2900 W. SAMPLE ROAD #1533 POMPAÑO BEACH, FL 33067	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PUCINE, ROSANA 2900 W SAMPLE ROAD, #1533 POMPAÑO BEACH, FL 33067		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UN00000280997 03/30/05-80039-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PUCINE, ROSANA 613 EAST RIVER DRIVE MARGATE, FL	DO NOT WRITE IN THIS SPACE
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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: <u>Rosana M. Pucine</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03/28/05 954-709-9493 954-975-5752 Date Daytime Phone #