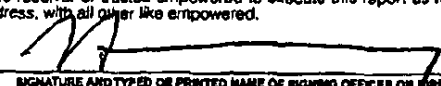


FILED
Jun 23, 2003 8:00 am
Secretary of State

04-23-2003 90302 020 ***150.00

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020730			
1. Entity Name FRESHEST FLOWERS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 7807 N.W. 64TH ST Suite, Apt. #, etc.		3. Mailing Address 9600 N.W. 25TH ST Suite, Apt. #, etc. SUITE 6-A	
City & State MIAMI, FLORIDA 33166		City & State MIAMI, FLORIDA	
Zip 33166-2718		Zip 33172-1416	
Country MIAMI-DADE		Country MIAMI-DADE	
4. FEI Number 65-0567305		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name PAUL R. IRIZARRY			
Street Address (P.O. Box Number is Not Acceptable) 6429 COW PEN RD U-110			
City MIAMI LAKES			
FL Zip Code 33014			
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 see if applicable. (NOTE: Registered Agent signature required when renewing) DATE			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE DPS		NAME IRIZARRY, PAUL R	
STREET ADDRESS 6429 COW PEN RD U-110		STREET ADDRESS 6130 BULLHORN RD APT 459	
CITY-ST-ZIP MIAMI LAKES, FLA 33014		CITY-ST-ZIP MIAMI LAKES FL 33015	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-21-03 305-977-2939	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CR2E0348 (12/02)

55049354
#P9500020730

Check # 10520 For \$150.00 Posted 05/01/2003

Check # 10520 For \$150.00 Posted 05/01/2003

8221
APR 23 2003
DEPARTMENT OF STATE
ACCT. # 1008068780
FOR DEPOSIT ONLY