



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90323 021 ***150.00

DOCUMENT # P95000029656 1. Entity Name A&M FLOWERS, INC.					
Principal Place of Business 1951 PINE RIDGE RD UNIT 105 NAPLES FL 34109 US			Mailing Address 1951 PINE RIDGE RD UNIT 105 NAPLES FL 34109 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 MOORE CR2E034 (11/03)	
4. FEI Number 65-0636104				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PREVITI, PETER 5825 SUNSET DRIVE SUITE 210 MIAMI FL 33143	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input type="checkbox"/> Delete ALBERICI, ADOLPH STREET ADDRESS 5803 CHARLTON WAY CITY-ST-ZIP NAPLES FL 34119				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete DPST ALBERICI, MARGARET STREET ADDRESS 5803 CHARLTON WAY CITY-ST-ZIP NAPLES FL 34119				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Adolph Alberici</i> Adolph Alberici Director 4/22/04 239 5131644 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					