

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029656

Entity Name: A&M FLOWERS, INC.

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

1951 PINE RIDGE RD  
UNIT 105  
NAPLES, FL 34109 US

## New Principal Place of Business:

## Current Mailing Address:

1951 PINE RIDGE RD  
UNIT 105  
NAPLES, FL 34109 US

## New Mailing Address:

FEI Number: 65-0636104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PREVITI, PETER  
5825 SUNSET DRIVE  
SUITE 210  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALBERICI, ADOLPH  
Address: 5803 CHARLTON WAY  
City-St-Zip: NAPLES, FL 34119

Title: DPST ( ) Delete  
Name: POLANCO, JANINE  
Address: 15914 MARCELLO CIRCLE  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADOLPH ALBERICI

D

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date