

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 95000041512

1. Entity Name

DELLA'S FLOWERS, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-24-2002 91322 048 ***150.00

DO NOT WRITE IN THIS SPACE

96235

2. Principal Place of Business 3296 PALM AVENUE Suite, Apt. #, etc.		3. Mailing Address 3296 PALM AVENUE Suite, Apt. #, etc.		4. FEI Number 65-0373342		Applied For Not Applicable
City & State HIALEAH FLORIDA		City & State HIALEAH FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33012		Country MIAMI-DADE		33012		MIAMI-DADE

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7. Name and Address of Current Registered Agent

Name MARIA ALBERTO	
Street Address (P.O. Box Number is Not Acceptable)	
3296 PALM AVENUE	
City HIALEAH	Zip Code FL 33012

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.

SIGNATURE *Maria Alberto* DATE 05/21/02
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S T D MARIA ALBERTO 3296 PALM AVENUE HIALEAH, FLORIDA 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Alberto* 05/21/02 305.2644638