


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000086199		
1. Entity Name A FLORAL AFFAIRS 'R' US, INC.		

Principal Place of Business 2714 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306	Mailing Address 2714 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306 US
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02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0631317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHWARZ, GAIL 117 LAKE EMERALD DR. APT. 102 OAKLAND PARK, FL 33309
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**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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SCHWARZ, GAIL 117 LAKE EMERALD DR., APT 102 OAKLAND PARK, FL 33309
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Paul Schway President Date: 2/10/07 Daytime Phone #: 9545663120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR