

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90189 048 \*\*\*150.00

**DOCUMENT # P96000035310**

1. Entity Name

PARADISE FLOWER SHOP, INC.



Principal Place of Business

1515 S. DALE MABRY HWY  
TAMPA FL 33629

Mailing Address

1515 S. DALE MABRY HWY  
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0663734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete  
NAME RAMNATH, JEAN M  
STREET ADDRESS 8603 TWIN FARMS PL  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME RAMNATH, LESLIE  
STREET ADDRESS 8603 TWIN FARMS PL  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RAMNATH, GERALD  
STREET ADDRESS 8603 TWIN FARMS PL  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Leslie Ramnath* - LESLIE RAMNATH

Date


04/15/04

Daytime Phone

(813) 254-8855

Attachment

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000035310</b> 1. Entity Name <b>PARADISE FLOWER SHOP, INC.</b>	
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Principal Place of Business <b>1515 S. DALE MABRY HWY TAMPA, FL 33629</b>	Mailing Address <b>1515 S. DALE MABRY HWY TAMPA, FL 33629</b>
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**DO NOT WRITE IN THIS SPACE**

14006403



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0663734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

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SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST RAMNATH, JEAN M 8603 TWIN FARMS PL TAMPA, FL 33635</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RAMNATH, LESLIE 8603 TWIN FARMS PL TAMPA, FL 33635</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RAMNATH, GERALD 8603 TWIN FARMS PL TAMPA, FL 33635</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE: Leslie Ramnath **04/15/04 (813) 254-8855**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LESLIE RAMNATH**