

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000034398

1. Entity Name
ANDEAN SPRING FLOWERS, INC.



Principal Place of Business

7965 NW 21 ST.
MIAMI, FL 33122

Mailing Address

7965 NW 21 ST.
MIAMI, FL 33122



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0748714

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI, FL 33131

**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 _____

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000125855
04/23/04-80010-015 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GUILLERMO DUENAS ITURRALDE
STREET ADDRESS 477 AVENIDA AMAZONAS, OFICINA 207
CITY-ST-ZIP QUITO, ECUADOR,

TITLE D
NAME JUAN PABLO DUENAS MORENO
STREET ADDRESS 477 AVENIDA AMAZONAS, OFICINA 207
CITY-ST-ZIP QUITO, ECUADOR,

TITLE VP
NAME BUITRON, CARLOS A
STREET ADDRESS 8454 NW 14 ST
CITY-ST-ZIP CORAL SPRING, FL 33071

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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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (305) 718-9818
Date Daytime Phone #