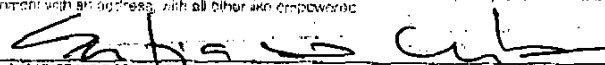


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90264 036 ***150.00

DOCUMENT # P97000066688			
1. Entity Name NANA'S FLOWERS, INC.			
Principal Place of Business 141 N.E. 3RD AVENUE, SUITE 406 MIAMI, FL 33132		Mailing Address 141 N.E. 3RD AVENUE, SUITE 406 MIAMI, FL 33132	
2. Principal Place of Business - (No P.O. Box)		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0777946		Apply For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent URIBE, SANTIAGO 1330 W AVENUE, APT. 3404 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent 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 _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Total Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME URIBE, SANTIAGO	☐ Delete	NAME URIBE, SANTIAGO	☐ Change ☐ Addition
STREET ADDRESS 1330 W AVENUE, APT. 3404		STREET ADDRESS 1330 W AVENUE, APT. 3404	
CITY, ST, ZIP MIAMI BEACH, FL 33139		CITY, ST, ZIP MIAMI BEACH, FL 33139	
NAME DVPS	☐ Delete	NAME DVPS	☐ Change ☐ Addition
STREET ADDRESS CORREDOIR, ADRIANA		STREET ADDRESS CORREDOIR, ADRIANA	
CITY, ST, ZIP 1330 W AVENUE, APT. 3404		CITY, ST, ZIP 1330 W AVENUE, APT. 3404	
NAME MIAMI BEACH, FL 33139	☐ Delete	NAME MIAMI BEACH, FL 33139	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, 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 authorized persons.			
SIGNATURE: 		0430-08 305-406-1122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Filed	