

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

Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90218 027 ***150.00

DOCUMENT # P98000013468 1. Entity Name <div style="text-align: center; margin-top: 10px;">De Colores Florist and Gifts, Inc.</div>		 DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 1557 SW 107 Avenue <small>Suite, Apt. #, etc.</small>		3. Mailing Address Same <small>Suite, Apt. #, etc.</small>	
City & State Miami, Fl.		City & State Same	
Zip 33174	Country Miami-Dade	Zip Same	Country Same
4. FEI Number 65-0838012		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Laura Delgado			
Street Address (P.O. Box Number is Not Acceptable) 1557 SW 107 Avenue			
City Miami			
State FL			
Zip Code 33174			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature of individual or printed name of registered agent, if not applicable</small> </div> <div style="width: 40%; text-align: right;"> DATE 1/21/03 </div> </div>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added L. Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/S/D Laura Delgado 15900 SW 197 Avenue Miami, FL 33187	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like information.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1-21-03 Daytime Phone #: 305-485-1700	

CRZE034B (12/02)