2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000032747

1. Entity Name
BQ FLOWER WHOLESALER CORP.

FILED
04 MAY -2 PM 4:04

Principal Place of Business	Mailing Address
1597 S.W. 143 PLACE MIAMI, FL 33172	1597 S.W. 143 PLACE MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0828471 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

QUINTANA, NOEL
1597 S.W. 143 PLACE
MIAMI, FL 33172

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

100036277821
05/13/04--01080--014 **150.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	QUINTANA, NOEL
STREET ADDRESS	1597 S.W. 143 PLACE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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] Noel Quintana Pres. 04-22-04 305-804-4360

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #