2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058881

Entity Name: FLORIDA WHOLESALE FLORIST SUPPLY, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

970 SUNSHINE LANE 5225 GODDARD AVE SUITE J ORLANDO, FL 32810

ALTAMONTE SPRINGS, FL 32714

New Mailing Address: Current Mailing Address:

970 SUNSHINE LANE 5225 GODDARD AVE SUITE J ORLANDO, FL 32810

ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3523197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, EMMA GARCIA, EMMA 970 SUNSHINE LANE 5225 GODDARD AVE ORLANDO, FL 32810 US SUITE J ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: 04/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

GARCIA, EMMA GARCIA, EMMA Name: Name: 970 SUNSHINE LANE, SUITE J Address: 5225 GODDARD AVE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: EMMA GARCIA 04/22/2009