FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000063069**1. Corporation Name

GARDEN FLOWERS BY LUISA, INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90006 006 ***150.00



Principal Place of Business Mailing Address									
1941 CANTERBURY CIRCLE 1941 CANTERBURY CIRCLE									
WELLINGTON F			WELLINGTON FL 33414				NOT WINTE IN THIS	CDACE	
						<u> </u>	NOT WRITE IN THIS	SPACE	
	2			-		3. Date incorporated or	Qualified	•	
-					. <u> </u>	07/15/1998	· ·		
2. Principal P	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number	084902	~ / J	lied For
21		26				65-0	10 / JUC		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	t, etc.			5. Certifcate of Status D	Desired	\$8.75 A	
22	•	27				J. 001.1100.10 01 01.01.00 1		Fee Red	quired
City & Stat	e	City & State				6. Election Campaign F	inancing	\$5.00-	May.Be ——
23		28				Trust Fund Contribut	ion	Added to	Fees
Zip	Country	Zip		Country		8. This corporation owe	s the current year Int		
24	25	29	30			Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address	of New Registered	Agent	
				81	Name				
MON	isalve, luisa	•		100	Chro-4 A.J.	Iron /D O Boy Number :- No	ot Accentable)		
	CANTERBURY CIRCLE			82	Street Add	dress (P.O. Box Number is No	or Acceptable)		
	LINGTON FL 33414			83		·-·			
,,,,,,	——————————————————————————————————————			1					
	Λ	Λ		84	City		FL	85 Zip C	
44 Dumuent	to the provisions of Sections 607.05 egistered agent or both, in the Statum familiar with, and accept the oblig	602 and 607 #508 Flor	rida Sfatutes t	the above	e-named cor	poration submits this stateme	ent for the purpose of	changing its	registered
office or r	egistered agent or both, in the State	e of Floride. Such char	ng was autho	rized by	the corporat	tion's board of directors. I her	eby accept the appoi	ntment as reg	jistered
agent. I a	im familiar with, and accept the oblig	ations of Section 607	20595, Florida	Statutes	· 1)	are to 4			
SIGNATURE	V Marie	my my			PLE	sau,	DATE		i
·	Signature Ayred or printed name of registered as		(NOTE: Regi		ı sıgnature requii	red when reinstating) ADDITIONS/CHANGE		ID DIRECTO	RS IN 12
12.		ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGE	3 TO OFFICERS AN	Change	Addition
TITLE	D C	UL	/LLL L				-		
NAME	MONSALVE, LUISA			1.2 NAME				•	
STREET ADDRESS	1941 CANTERBURY CIRCLE		Į	1.3 STREET	FADDRESS				
CITY-ST-ZIP	WELLINGTON FL 33414			1.4 CITY-S	T-ZIP				T A J J St -
TITLE	•		DELETE	2.1 TITLE			•	Change	☐ Addition
NAME	-		_	2.2 NAME		•			
STREET ADDRESS		٠	-	2.3 STREET	ADDRESS		•	•.	-
CITY-ST-ZIP									
TITLE			_	2.4 CITY-5	IT-ZIP				l
				2. 4 CITY-5 3.1 TITLE	T-ZIP			☐ Change	Addition
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	The second secon	,	DELETE	3.1 TITLE 3.2 NAME			· · · · · · · · · · · · · · · · · · ·	_	☐ Addition
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CITY-ST-ZIP	The second secon	`	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4, CITY-S	r address	÷ · -			
i		`	DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4, CITY-S 4.1 TITLE	r address	- · -		_	Addition
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14. 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 annual report or supplied ental annual feport 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chanter over an attachment with an address, with all other like empowered.

SIGNATURE: