

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1082

DOCUMENT # **P98000088956**

1. Entity Name
OCEAN FLORIST, INC



FILED

04 JUN 11 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**43110 FISHER ISLAND DR
MIAMI BEACH FL 33109-1274**

2. Principal Place of Business 3. Mailing Address
42110 FISHER ISLAND SAME

Suite, Apt. #, etc. City & State
MIAMI BEACH FL

Zip Country
33109 MIA DAD 33109



REINSTATEMENT

4. FEI Number
65-0870048

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

6. Name and Address of Current Registered Agent
**MARTHA SUAREZ
43110 FISHER ISLAND DR
MIAMI BEACH FL 33109**

7. Name and Address of New Registered Agent
Name **MARTHA SUAREZ**
Street Address (P.O. Box Number is Not Acceptable) **42110 FISHER ISLAND DR**
City **MIAMI BEACH FL** Zip **33109**

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]* DATE: **6/8/04**

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	JORGE SUAREZ ☐ Delete 42110 FISHER ISLAND DR MIAMI BEACH FL 33109	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Pres- Sec-Tre ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	900038206789 06/23/04--01087--019 **300.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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 of 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **6/8/04** **305-531-9401**

MARTHA SUAREZ **Reg Agent**

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Miami June 9th, 2004

Secretary of State of Florida

Re: OCEAN FLORIST, INC
Doc # P 98000088956

Gentlemen:

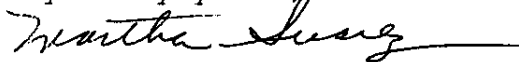
We are respectfully requesting from your Department to accept our Annual Reports for year 2003 and 2004. We recently found out the Corporation was dissolved due not having these reports timely filed.

Please take in consideration that we moved from the last address that you have in your records from 45 SW 55th Ave Rd Miami, FL 33134 to our address 42110 FisherrIsland Dr Miami Beach FL 33109 and never received your report for 2003 and 2004.

Please waive any penalties in this case for reasonable cause and re-instate our Corporation.

Thank you very much for your help,

Very truly yours,



Martha Suarez-Registered Agent
for OCEAN FLORIST, INC.
Tel # 305 261-0783