2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State 04-23-2004 90231 041 ***150.00

DOCUMENT # P98000103 1. Entity Name STEM'S FLOWERS, INC.	.101		04-23-2	0004 90231 041 · · · 1.	30.00
Principal Place of Business Mailing Address		L	1 .		
19406 N.W. 79TH PLACE 19406 N.W. 79TH PLACE MIAMI, FL 33015 MIAMI, FL 33015		E			
2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			02132004 Chg-P CR2E034 (10/03)		
City & State City & State			4. FEI Number Applied For 65-0880545 Not Applied For		pplied For lot Applicable
Zip Country	Zip	Country	5. Certificate of Status Des	ired \$8.75 Ad Fee Require	
6. Name and Address of Current	Registered Agent	·	7. Name and Address of I	New Registered Agent	•
REYES, ALEXIS 19406 N.W. 79TH PLACE MIAMI, FL 33015	Street Address	Sireet Address (P.O. Box Number is No Acceptable)			
		City		■ Zio Co	
		1111	Ami Ffr.	FL 199	3015
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its	egistered office or registe	ered agent, or both, in the State		, and accept
SIGNATURE Signature, typed or printed name of registered agent.	and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contril	· _ *	5.00 May Be ded to Fees	· .	,
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	
TITLE P NAME TEJEDA, JORGE STREET ADDRESS 19406 N.W. 79TH PLACE CITY-ST-ZIP MIAMI, FL 33015	☐ Delete	ITTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME	☐ Oeleie	TITLE NAME	and the second	Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
NAME	□ Delete	TITLE NAME		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. □ Change	☐ Addition
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empt changed, or on an attachment with an address.	true and accurate and that movered to execute this report a	the exemption stated in S y signature shall have the strequired by Chapter 60	ection 119.07(3)(i), Florida Sta s same legal effect as if made u 07, Florida Statutes; and that m	tutes. I further certify that the inder oath; that I am an office y name appears in Block 10 o	information r or director or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desylme Phone #					