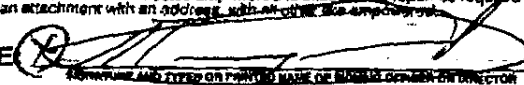


2005 FOR PROFIT CORPORATION
ANNUAL REPORTFILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000103101		
1. Entity Name STEM'S FLOWERS, INC.		
Principal Place of Business 19406 N.W. 79TH PLACE MIAMI, FL 33015		Mailing Address 19406 N.W. 79TH PLACE MIAMI, FL 33015
DO NOT WRITE IN THIS SPACE		
		04242005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0880545
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TEJEDA, JORGE 19406 N.W. 79TH PLACE 1 MIAMI, FL 33015		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 types or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-election.)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	TEJEDA, JORGE	
STREET ADDRESS	19406 N.W. 79TH PLACE	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. 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 attachments.		
SIGNATURE 		
SIGNATURE AND TYPE ON PRINTED NAME OF REGISTERED AGENT OR DIRECTOR		Date _____ Daytime Phone _____

U00000342672
04/29/05-80065-006 150.00**DO NOT WRITE
IN THIS SPACE**