

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90326 040 ***150.00

DOCUMENT # P98000104777 1. Entity Name EXOTROPICALS FLOWERS, INC.			
Principal Place of Business 8211 NW 64 STREET BAY 4 MIAMI, FL 33166 US		Mailing Address 8211 NW 64 STREET BAY 4 MIAMI, FL 33166 US	
2. Principal Place of Business 7381 NW 35 ST Suite, Apt. #, etc.		3. Mailing Address 7381 NW 35 ST Suite, Apt. #, etc.	
City & State MIAMI, FL. Zip 33122		City & State MIAMI, FL. Zip 33122	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-0881832		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELLY, VALENCIA MA 5959 NW 37ST APT 236 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name MARIA NELLY VALENCIA Street Address (P.O. Box Number is Not Acceptable) 12811 N.W. 6th LN City MIAMI FL Zip Code 33182	
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 <i>Maria Nelly Valencia</i> MARIA NELLY VALENCIA DATE 3/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NELLY, VALENCIA MA 5959 NW 37ST, APT 236 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VALENCIA, MARIA N. 12811 N.W. 6th LN MIAMI, FL 33182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVRT BETANCOURT, RODRIGO 5959 NW 37ST, APT 236 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRAVO, JULIAN ANDRES 12811 N.W. 6th LN MIAMI, FL 33182 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 empowered.			
SIGNATURE: <i>Maria Nelly Valencia</i> MARIA NELLY VALENCIA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/17/04 Daytime Phone # (305) 470-9488	