


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90011 006 \*\*\*150.00

<b>DOCUMENT # P98000107020</b>	
1. Entity Name <b>BRICKELL GROVE FLORIST, INC.</b>	

Principal Place of Business <b>15600 SW 288TH ST., SUITE 201 C/O JAMES M. GUEST CPA, P.A. HOMESTEAD FL 33033 US</b>	Mailing Address <b>15600 SW 288TH ST., SUITE 201 C/O JAMES M. GUEST CPA, P.A. HOMESTEAD FL 33033 US</b>
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2. Principal Place of Business <b>3190 COMMODORE PLAZA</b>	3. Mailing Address <b>Sam E</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIAMI FL</b>	City & State
Zip <b>33133</b>	Country <b>DADE</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>65-0884471</b>		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 <b>GUEST, JAMES M 15600 SW 288TH ST., SUITE 201 HOMESTEAD FL 33033</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD SALAS, ARTURO C 15600 SW 288TH ST. #201 HOMESTEAD FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Arturo Salas **02-18 of 484-9441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #