


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000002992 1. Entity Name FLOWERS' PLACE, INC.	
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Principal Place of Business 98 S. FEDERAL HWY. POMPANO BEACH, FL 33062	Mailing Address 98 S. FEDERAL HWY. POMPANO BEACH, FL 33062
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04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0886277	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, OMAR 10314 NW 7 ST CORAL SPRINGS, FL 33071

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

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	000000143089 04/30/04-80077-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, OMAR 98 S. FEDERAL HWY. POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, VERONICA 98 S. FEDERAL HWY. POMPANO BEACH, FL 33062
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 reports 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, and all other like empowered.

SIGNATURE: _____ **4-27-04** **954-943-0506**
SIGNATURE OF OFFICER, DIRECTOR, OR AUTHORIZED REPRESENTATIVE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #