

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000069806

1. Entity Name
MY FLOWERS UNLIMITED, INC.



Principal Place of Business
5853 SW 73RD STREET
SOUTH MIAMI, FL 33143

Mailing Address
5853 SW 73RD STREET
SOUTH MIAMI, FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0962118

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUECK, JORGE E
5853 SW 73RD STREET
SOUTH MIAMI, FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
PDS
HUECK, JORGE E
5853 SW 73RD STREET
SOUTH MIAMI, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700035821227
05/10/04--01074--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPDT
RIVAS, GABRIELA
5853 SW 73RD STREET
SOUTH MIAMI, FL 33143 ☐ 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
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-2004 305-667-1520
Date Daytime Phone #

FILED
04 APR 27 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

