

2005 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

FILED

05 APR 28 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0962118

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HUECK, JORGE E 5853 SW 73RD STREET SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT RIVAS, GABRIELA 5853 SW 73RD STREET SOUTH MIAMI, FL 33143
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05/10/05--01021--001 **1500.00

**DO NOT WRITE
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 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

04-27-05

Date

Daytime Phone #

T Roberts APR 28 2005