


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90035 006 \*\*\*150.00

<b>DOCUMENT # P99000089701</b> 1. Entity Name INTERNATIONAL FLOWERS & LINENS, INC.	
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Principal Place of Business 10108 NW 53 ST SUNRISE, FL 33351	Mailing Address 10108 NW 53 ST SUNRISE, FL 33351
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**66021908**  


07272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3609889	Applied For 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  MESA, DIEGO 568 N UNIVERSITY DRIVE PLANTATION, FL 33324
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**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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1007
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESA, DIEGO 568 N UNIVERSITY DR. PLANTATION, FL 33324
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Diego Mera 7/17/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

746 956 8

ATTACHMENT

66021908

#P99000089701

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2007.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY, 2007 FOR THE YEAR 2007. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF THE ANNUAL REPORT FEE.

THE FIRST NOTIFICATION WAS WITH THE CARD STATING AN INTENT TO DISSOLVE.

YOURS TRULY

*Diego Mesa*

TO WHOM IT MAY CONCERN: I SPOKE TODAY 9/6/07 WITH ONE OF YOUR REPRESENTATIVES AND SHE SAID TO WRITE BETTER, I WOULD APPRECIATE IF YOU COULD WAIVE THE LATE FEE, I NEVER RECEIVED THE ORIGINAL REPORT TO FILE ON TIME, ALSO THE REASON TO HAVE TAKEN SO LONG TO RESPOND TO THIS LETTER WAS LEFT IN THE WRONG MAIL BOX AND THAT UNIT WAS CLOSED FOR ALMOST A MONTH AND WAS GIVEN TO ME TODAY 9/6/07. THANK YOU FOR YOUR COOPERATION,

YOURS TRULY

*Diego Mesa*