

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000094212

1. Entity Name
EMERALD BOUQUET, INC.



Principal Place of Business

**9800 NW 17TH STREET
STE 1
MIAMI, FL 33172 US**

Mailing Address

**111 SW 3RD STREET, SIXTH FLOOR
MIAMI, FL 33130**



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0956389

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, ELLIOTT
111 SW 3RD STREET
MIAMI, FL 33130**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000069337
03/01/14-80010-015 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VARELA, ALVARO 9475 NW 13TH STREET MIAMI, FL 31720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD VARELA, MARIO 9475 NW 13TH STREET MIAMI, FL 31720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HARRIS, ELLIOTT 111 SW 3RD STREET, SIXTH FLOOR MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARAMAT, KHAQAN 9475 NW 13TH STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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

Date

Daytime Phone #

2-4-04 (30) 599-1335