

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90013 011 \*\*\*150.00

DOCUMENT # P99000095221  
 1. Entity Name  
 KIMBERLY'S FLORIST, INC.



Principal Place of Business  
 3531 N FEDERAL HWY  
 BOCA RATON, FL 33431

Mailing Address  
 3531 N FEDERAL HWY  
 BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1630403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NED KIMMELMAN P.A.  
~~2424 N FEDERAL HWY~~ 20283 STATE ROAD 7  
~~SUITE 467~~ SUITE 300  
 BOCA RATON, FL ~~33431~~ 33498

**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: *Ned Kimmelman* 3/8/06  
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, 2006 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	P SYLVIS, FRANK P 3531 NO FEDERAL HWY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMMELMAN, PAMELA 3531 NO FEDERAL HWY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>PERSCHL, DEB</del> PESCHL, DEB 3531 NO FEDERAL HWY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Frank P. Sylvis* FRANK P. SYLVIS 3/8/06 561 392 7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #