FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000106 359 02 DEC 18 PM 1:48 1. Entity Name SILK GALLERY FLORAL, Inc. TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE -53 3. Mailing Address
1900 Corporate Blus # 2. Principal Place of Business HALLANDALE BUD DO NOT WRITE IN THIS SPACE _Suite.,Apt.#..etc... --Suite; Apt.#₇€ # 400 4. FEI Number Applied For BOW RATON City & State PL FI 65 -0672 13 HALLANDALR Not Applicable Pan Berd Country \$8.75 Additional 5. Certificate of Status Desired DADL Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature exquires) when reliastating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. Director CR2E034B (12/01 HHE NAME NAME 4W. AAHANDALE Block BLUD. STREET ADDRESS STREET ADDRESS HOMIGNDAR PL CITY-ST-ZIP CITY-ST-ZIP TITLE NAME 900009582329 NAME STREET ADDRESS STREET ADDRESS 12/18/02--01066 CITY-ST-7IP CITY-ST-ZIP TIME NAME STREET-ADDRESS STREET ADDRESS **NOT WRITE** CHY-ST-ZIP CITY - ST - ZIP TITLE THE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZiP ... CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST. 7IP TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 ooth; 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 11 or on an attachment with an address; with all other like empowered.

Obymno Phone #

SILK GALLERY FLORAL, INC.

4 W. Hallandale Beach Blvd. Hallandale, FL 33009

November 22, 2002

The Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

Re: Silk Gallery Floral, Inc. P 99000106359

The registered agent for the above corporation changed his address in January 2002. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$150.00 for the 2002 year and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,

Adam Nematz

President