


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

Acct #
6150 **FILED**
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # <u>S09194</u> - <i>Reference</i> #	
1. Entity Name DIRECT FLOWERS DISTRIBUTORS, INC.	

Principal Place of Business 7927 NW 21ST STREET MIAMI, FL 33122 US	Mailing Address PO BOX 522498 MIAMI, FL 33152 US
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0240014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MALAVENDA, EDWARD
4138 SW 16 TERRACE
MIAMI, FL 33134**

**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, 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 MALAVENDA, GEORGE S. 255 CRANWOOD DR. KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/03/06-80064-013 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 **(305) 477-**
Date Daytime Phone #