

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

|                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # V48393<br>1. Entity Name<br>BALLOONS DEC & FLOWERS INC. |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                      |                                                          |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business<br>4158 S.W. 74 CT<br>MIAMI, FL 33155 US | Mailing Address<br>4158 S.W. 74 CT<br>MIAMI, FL 33155 US |
|----------------------------------------------------------------------|----------------------------------------------------------|



01152007 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0345216 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 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<br><br>MEDINA, ROBERTO<br>4158 S.W. 74 CT<br>APT B-305<br>MIAMI, FL 33155 |
|---------------------------------------------------------------------------------------------------------------------------|

**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 must be of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

|                                                                                    |                                |
|------------------------------------------------------------------------------------|--------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|------------------------------------------------------------------------------------|--------------------------------|

| 10. OFFICERS AND DIRECTORS                       |                                                    |
|--------------------------------------------------|----------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>MEDINA, ROBERTO<br>4158 SW 74 CT<br>MIAMI, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                    |

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02/01/07-80044-025 150.00

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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 persons empowered

SIGNATURE \_\_\_\_\_ 01/27/07 (305) 266 7966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #