


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # V67439 1. Entity Name BLUE FLOWERS, INC.	
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Principal Place of Business C/O STEVEN M CHARCHAT 848 BRICKELL AVE, SUITE 1040 MIAMI, FL 33131 US	Mailing Address C/O STEVEN M CHARCHAT 848 BRICKELL AVE, SUITE 1040 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0370253	Applied For Not Applicable
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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 CHARCHAT, STEVEN M 848 BRICKELL AVE SUITE 1040 MIAMI, FL 33131
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, ANGELA 848 BRICKELL AVENUE STE 1040 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, ANA AMELIA 848 BRICKELL AVENUE STE 1040 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ, MARIA ELENA 848 BRICKELL AVENUE STE 1040 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ALVAREZ, MARIA ISABEL 848 BRICKELL AVENUE STE 1040 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ, ARMANDO 848 BRICKELL AVENUE STE 1040 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/09/05-80031-025 150.00

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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: <u>Angela Esteve</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	05 / Feb / 2005 <small>Date</small>	 <small>Daytime Phone #</small>
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