

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # V67439

1. Entity Name
BLUE FLOWERS, INC.



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**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0370253

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHARCHAT, STEVEN M
848 BRICKELL AVE
SUITE 1040
MIAMI, FL 33131**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALVAREZ, ANGELA
STREET ADDRESS 848 BRICKELL AVENUE STE 1040
CITY-ST-ZIP MIAMI, FL 33131

TITLE VD
NAME ALVAREZ, ANA AMELIA
STREET ADDRESS 848 BRICKELL AVENUE STE 1040
CITY-ST-ZIP MIAMI, FL 33131

TITLE S
NAME ALVAREZ, MARIA ELENA
STREET ADDRESS 848 BRICKELL AVENUE STE 1040
CITY-ST-ZIP MIAMI, FL 33131

TITLE AS
NAME ALVAREZ, MARIA ISABEL
STREET ADDRESS 848 BRICKELL AVENUE STE 1040
CITY-ST-ZIP MIAMI, FL 33131

TITLE T
NAME ALVAREZ, ARMANDO
STREET ADDRESS 848 BRICKELL AVENUE STE 1040
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000597237
01/24/07-80028-011 150.00

**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:

Angela Esteve (President) Jan/8/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #