

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V67439

Entity Name: BLUE FLOWERS, INC.

FILED  
Apr 01, 2011  
Secretary of State

## Current Principal Place of Business:

C/O STEVEN M CHARCHAT  
848 BRICKELL AVE, SUITE 1040  
MIAMI, FL 33131 US

## New Principal Place of Business:

## Current Mailing Address:

C/O STEVEN M CHARCHAT  
848 BRICKELL AVE, SUITE 1040  
MIAMI, FL 33131 US

## New Mailing Address:

FEI Number: 65-0370253      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: ESTEVE, ANGELA  
Address: 848 BRICKELL AVENUE STE 1040  
City-St-Zip: MIAMI, FL 33131

Title: VD  
Name: ALVAREZ, ANA AMELIA  
Address: 848 BRICKELL AVENUE STE 1040  
City-St-Zip: MIAMI, FL 33131

Title: S  
Name: ALVAREZ, MARIA ELENA  
Address: 848 BRICKELL AVENUE STE 1040  
City-St-Zip: MIAMI, FL 33131

Title: AS  
Name: ALVAREZ, MARIA ISABEL  
Address: 848 BRICKELL AVENUE STE 1040  
City-St-Zip: MIAMI, FL 33131

Title: T  
Name: ALVAREZ, ARMANDO  
Address: 848 BRICKELL AVENUE STE 1040  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANA AMELIA ALVAREZ ESTEVE

VD

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date