

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000107267

**Entity Name:** FLEURISH DESIGN & EVENTS CORP.

**Current Principal Place of Business:**

8850 NW 13TH TERRACE  
UNIT 105  
DORAL, FL 33172

**Current Mailing Address:**

8850 NW 13TH TERRACE  
UNIT 105  
DORAL, FL 33172 US

**FEI Number:** 26-3837460

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OLIVARES, ANA T  
500 BRICKELL AVE  
APT 3105  
MIAMI, FL 33131 US

*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

**Officer/Director Detail :**

Title P  
Name OLIVARES, ANA T  
Address 500 BRICKELL AVE APT 3105  
City-State-Zip: MIAMI FL 33131

Title VP  
Name OLIVARES, HOLLYANA  
Address 1643 BRICKELL AVE. #2202  
City-State-Zip: MIAMI FL 33129

*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:** OLIVARES , ANA , T

**PRESIDENT**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date