#### 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.

PRESIDENT

#### SIGNATURE: PONTHIEUX LOUISA

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :** 

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.

Title	Р	Title	VP
Name	PONTHIEUX, LOUISA	Name	ST PHAR, LAURIE
Address	4534 SW 127 TERRACE	Address	1699 NE 163 ST
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	NORTH MIAMI BEACH FL 33162
Title	S		
Name	ST PHAR, PASCAL		
Address	4534 SW 127 TERRACE		
City-State-Zip:	MIRAMAR FL 33027		

PONTHIEUX, LOUISA 4534 SW 127 TERRACE MIRAMAR, FL 33027 US

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P10000025617

Entity Name: LOUISA'S FLORIST AND CATERING SERVICES, INC.

## **Current Principal Place of Business:**

4534 SW 127 TERRACE MIRAMAR, FL 33027

### **Current Mailing Address:**

4534 SW 127 TERRACE MIRAMAR, FL 33027

## FEI Number: 27-2192940

# Name and Address of Current Registered Agent:

SIGNATURE:

FILED Mar 01, 2013 Secretary of State CC0211582164

Certificate of Status Desired: Yes

Date

03/01/2013 Date