

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000025617

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

**Current Principal Place of Business:**

1699 NE 163RD STREET  
NORTH MIAMI BCH, FL 33162

**Current Mailing Address:**

1699 NE 163RD STREET  
NORTH MIAMI BCH, FL 33162 US

**FEI Number: 27-2192940**

**Certificate of Status Desired: No**

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

PONTHIEUX, LOUISA  
1699 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162 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 PONTHIEUX, LOUISA  
Address 1699 NE 163RD STREET  
City-State-Zip: NORTH MIAMI BCH FL 33162

Title VP  
Name ST PHAR, LAURIE  
Address 1699 NE 163 ST  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title S  
Name ST PHAR, PASCAL  
Address 1699 NE 163RD STREET  
City-State-Zip: NORTH MIAMI BCH FL 33162

*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: PONTHIEUX LOUISA**

**PRESIDENT**

**04/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date