


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90099 007 \*\*\*150.00


DOCUMENT # P03000017177	
1. Entity Name INBLOOM ART, INC.	

Principal Place of Business C/O LAW OFFICES OF SETH E. ELLIS, P.A. 2600 NORTH MILITARY TRAIL, SUITE 290 BOCA RATON, FL 33431	Mailing Address C/O LAW OFFICES OF SETH E. ELLIS, P.A. 2600 NORTH MILITARY TRAIL, SUITE 290 BOCA RATON, FL 33431
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2. Principal Place of Business <i>1525 Lantana Court</i> Suite, Apt. #, etc.	3. Mailing Address <i>1525 Lantana Court</i> Suite, Apt. #, etc.
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City & State <i>Weston, FL</i>	City & State <i>Weston, FL</i>
Zip <i>33326</i>	Zip <i>33326</i>
Country	Country

00000004



03282005 Chg-P CR2E034 (10/03)

4. FEI Number 14-1873689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIS, SETH E ESQ. 2600 NORTH MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSHINS, ANNELOISE BLOOM 626 SPINNAKER WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1525 Lantana Court</i> <i>Weston, FL 33326</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **March 31, 05 954 217 3900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #