


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2004 8:00 am
Secretary of State

05-03-2004 91042 016 ***150.00

5/31

DOCUMENT # P03000045148	
1. Entity Name BLOOMSBURY, INC.	

Principal Place of Business 411 NE 22 ST. #7 MIAMI FL 33137	Mailing Address 411 NE 22 ST. #7 MIAMI FL 33137
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2. Principal Place of Business 8337 NE 3 COURT Suite, Apt. #, etc.	3. Mailing Address 8337 NE 3 COURT Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL
Zip 33137	Zip 33138
Country US	Country US



66428604

MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent NIEDERMEYER, TRACY 411 NE 22 ST. #7 MIAMI FL 33137	
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4. FEI Number 562354254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Tracy Niedermeier 430.4
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP NIEDERMEYER, TRACY ST 411 NE 22 ST. #7 MIAMI FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Tracy Niedermeier 430.4 305 751 5976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #