

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005837

Entity Name: FOREVER BLOOM ALLIANCE, INC.**Current Principal Place of Business:**6927 S.W. 115 PLACE
UNIT: A-38
MIAMI, FL 33173**Current Mailing Address:**6927 S.W. 115 PLACE
UNIT: A-38
MIAMI, FL 33173 US**FEI Number:** 14-2005387**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REID, ANTHONY F
6927 S.W. 115 PLACE
UNIT: A-38
MIAMI, FL 33173 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 PRESIDENT
Name RUIZ, JENNY
Address 12416 NW 11TH LANE
City-State-Zip: MIAMI FL 33182

Title VP
Name GUERRA, STEPHANIE M
Address P.O. BOX 522474
City-State-Zip: MIAMI FL 33152

Title SECRETARY
Name MORALES, ANA
Address 12657 NW 11 LANE
City-State-Zip: MIAMI FL 33182

Title TREASURER
Name RODRIGUEZ, CLARA
Address P.O. BOX 522474
City-State-Zip: MIAMI FL 33152

Title CREATIVE DIRECTOR
Name MCLEOD, JEREMIE
Address 9001 SW 77TH AVENUE
 APT. C606
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name REID, ANTHONY F
Address 6927 S.W. 115 PLACE, UNIT: A-38
City-State-Zip: MIAMI FL 33173

Title COMMUNITY RELATIONS
Name MENDOZA, ABNER
Address 12416 NW 11TH LANE
City-State-Zip: MIAMI FL 33182

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY REID**DIRECTOR****04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date