

**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

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC0762715442**

**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