

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064447

Entity Name: BLOOMING WELLNESS, INC.

Current Principal Place of Business:

36510 TRILBY RD.
DADE CITY, FL 33523

Current Mailing Address:

PO BOX 438
DADE CITY, FL 33526

FEI Number: 55-0843045

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOBRADO-PICHARDO, ANNETTE OTR/L
36510 TRILBY RD
DADE CITY, FL 33523 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 DPS
Name SOBRADO-PICHARDO, ANNETTE
Address 36510 TRILBY RD
City-State-Zip: DADE CITY FL 33523

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: ANNETTE SOBRADO-PICHARDO

DPS

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date