

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064447

Entity Name: BLOOMING WELLNESS, INC.

Current Principal Place of Business:

361 NW 14 ST
HOMESTEAD, FL 33030

Current Mailing Address:

PO BOX 900934
HOMESTEAD, FL 33030 US

FEI Number: 55-0843045

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOBRADO-PICHARDO, ANNETTE OTR/L
61 NW 14 ST
HOMESTEAD, FL 33030 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 61 NW 14 ST
City-State-Zip: HOMESTEAD FL 33030

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

04/22/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date