


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State


04-20-2004 90031 037 ***150.00

DOCUMENT # K57670 1. Entity Name JENNAH BLOSSOM CORP.	
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Principal Place of Business 8895 N. MILITARY TRAIL STE E-201 PALM BEACH GARDENS FL 33410	Mailing Address 8895 N. MILITARY TRAIL STE E-201 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 600 Sandtree Drive Suite, Apt. #, etc. #109	3. Mailing Address 600 Sandtree Drive Suite, Apt. #, etc. #109
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City & State Palm Beach Gardens, Florida	City & State Palm Beach Gardens, Florida
Zip 33403	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 65-0093851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCDONALD, DONNA C/O CAPITAL REALTY ADVISORS, INC STE 201 E PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name Donna McDonald Street Address (P.O. Box Number is Not Acceptable) c/o Capital Realty Advisors, Inc. 600 Sandtree Drive, Suite 109 City Palm Beach Gardens, FL Zip Code 33403
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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 *Donna McDonald* DATE 3-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD CASTER, CARY 2601 BISCAYNE BLVD 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	VPST MILLER, ROGER 2601 BISCAYNE BLVD 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
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: *Donna McDonald*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____