


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90419 043 ****50.00

DOCUMENT # L00000006013					
1. Entity Name BLOOMSTAR, L.C.					
Principal Place of Business 8800 N.W. 24 TERRACE MIAMI, FL 33172			Mailing Address 8800 N.W. 24 TERRACE MIAMI, FL 33172		
2. Principal Place of Business 1660 NW 82 AVEN.		3. Mailing Address P.O. BOX 226530			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami - Florida		City & State Miami - Florida		4. FEI Number 65-1010961	
Zip 33126		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PINEROS, JUAN I 8800 N.W. 24 TERRACE MIAMI, FL 33172			7. Name and Address of New Registered Agent Name PINEROS, JUAN I Street Address (P.O. Box Number is Not Acceptable) 1660 NW 82 AVENUE City MIAMI - FL. FL Zip Code 33126		
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 <u>SAME AGENT. ONLY ADDRESS CHANGE</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINEROS, JUAN I <input checked="" type="checkbox"/> Delete 8800 N.W. 24 TERRACE MIAMI, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINEROS, JUAN I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1660 NW 82 AVENUE MIAMI FLORIDA 33126				
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"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> 3/29/05 305 715 9998					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					