2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N34795

1. Entity Name
BLOSSOMS AT THE HAMMOCKS, C.A. Inc.

FILED
05 JAN 10 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
10026 Hammocks Blvd.	P.O. Box 440067
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33196 Country: USA	Zip: 33144 Country: USA

01222004 Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0203789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: Luis Hernandez
	Street Address (P.O. Box Number is Not Acceptable): 11890 SW 8 Street, Suite 401
	City: Miami FL Zip Code: 33184

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: Luis Hernandez 12/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Reyes, Edgar 10026 Hammocks Blvd.# 210 Miami, Fl 33196 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Perez, Justo 10101 SW 162 Court Miami, Fl 33196 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Perez, Daniel 10014 Hammocks Blvd. # 105 Miami, Fl 33196 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Cespedes, Francisco 13310 SW 99 Street Miami, Fl 33186 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/D Mena, Ernesto 10010 Hammocks Blvd. # 102 Miami, Fl 33196 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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02/15/05--01021--008 **61.25

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 617, 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: [signature] 12/30/04 (305) 553-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #