2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

05 JUN 20 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34795

1. Entity Name
BLOSSOMS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10026 HAMMOCKS B LVD MIAMI, FL 33196 US	P.O.BOX 440067 MIAMI, FL 33144 US

06092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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
PEREZ SIAM, FRANK 7001 SW 98 CT MIAMI, FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Frank Perez 06/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25	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	PD REYES, EDGAR 7001 SW 87 CT MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D PEREZ, Daniel 7001 SW 87 Ct Miami, Fl. 3173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEREZ, JUSTO 7001 SW 87 CT MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D ACOSTA, Fernando 7001 SW 87 Ct Miami, Fl. 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PEREZ, DANIEL 7001 SW 87 CT MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/D MENDOZA, Cancio 7001 SW 87 Ct Miami, Fl. 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CESPEDES, FRANCISCO 7001 SW 87 CT MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300056627363 06/28/05--01051--008 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD MENA, ERNESTO 7001 SW 87 CT MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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: 6/13/05 (305) 553-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #