

From: ALVAREZ, ASSOCIATES CPA

3054719643

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90041 006 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000025650

1. Entity Name
BLOSSOM FLORAL CORP.



Principal Place of Business

8264 NW 14 ST
MIAMI, FL 33126

Mailing Address

110 NW 85TH COURT
MIAMI, FL 33126

40102921



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1104215

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

M. NERY QUINONES
110 NW 85 CT
MIAMI, FL 33136

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	QUINONES, M. NERY
STREET ADDRESS	110 NW 85TH COURT
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	P
NAME	ELSA MARITZA QUINONES
STREET ADDRESS	110 N.W. 85 COURT
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	MAYRA, QUINONES S
STREET ADDRESS	110 NW 85TH COURT
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40102921

Division of Corporations

Annual Report

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Document Number	P01000025650
Business Entity Name	BLOSSOM FLORAL CORP.
FEI Number	651104215
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	8264 NW 14 ST
Suite, Apt. #, etc.	
City, State	MIAMI, FL
Zip Code & Country	33126

Mailing Address

Address	110 NW 85TH COURT
Suite, Apt. #, etc.	
City, State	MIAMI, FL
Zip Code & Country	33126

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	M NERY, QUINONES
Address	110 NW 85 CT
Suite, Apt. #, etc.	
City, State	MIAMI, FL
Zip Code & Country	33136 US
Registered Agent Signature	M NERY QUINONES

Officer/Director Name and Address

Title	P
Name (Last, First, Middle, Title)	QUINONES, M. NERY
Street Address	110 NW 85TH COURT
City, State	MIAMI, FL
Zip Code & Country	33126

ATTACHMENT
40102921

Title VP # P01000025650
Name (Last, First, Middle, Title) QUINONES, ELSA MARITZA
Street Address 110 N W 85 COURT
City, State MIAMI, FL
Zip Code & Country 33126

Title T
Name (Last, First, Middle, Title) MAYRA, QUINONES , S
Street Address 110 NW 85TH COURT
City, State MIAMI, FL
Zip Code & Country 33126

Title P
Officer/Director Signature M NERY QUINONES

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