

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90215 027 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000025650

1. Entity Name  
BLOSSOM FLORAL CORP.



40090048

Principal Place of Business

8264 NW 14 ST  
MIAMI, FL 33126

Mailing Address

110 NW 85TH COURT  
MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008

Chg-P

CR2E034 (12/06)

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

ENCALADA, GALO  
110 NW 85 CT  
MIAMI, FL 33136

7. Name and Address of New Registered Agent

Name M. NERY (V) QUINONES

Street Address (P.O. Box Number is Not Acceptable)

110 N.W. 85 Court

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

M. Nery Quinones

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

(NOTE: Registered Agent signature required when reinstating)

4/28/08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 ☐ Delete  
NAME QUINONES, M. NERY  
STREET ADDRESS 110 NW 85TH COURT  
CITY-ST-ZIP MIAMI, FL 33126

TITLE P ☒ Delete  
NAME QUINONES, ELSA M  
STREET ADDRESS 110 N.W. 85 COURT  
CITY-ST-ZIP MIAMI, FL 33126

TITLE T ☒ Delete  
NAME MAYRA, QUINONES S  
STREET ADDRESS 110 NW 85TH COURT  
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

M. Nery Quinones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

DATE

305-597-9995

Daytime Phone #