2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000026634

Entity Name: BLOOM TRANSFER CORPORATION

FILED Jan 21, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2926 NW 72 AVE. 2460 NW 66 AVE

MIAMI, FL 33122 BUILDING 701 SUITE 101

MIAMI, FL 33122

Current Mailing Address: New Mailing Address:

2926 NW 72 AVE. P.O. BOX 524208 MIAMI, FL 33122 PIAMI, FL 331524208

FEI Number: 65-1086099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILL, MARCELA
2926 NW 72 AVE.
MIAMI, FL 33122

HILL, MARCELA
2460 NW 66 AVE
BUILDING 701 SUITE 101
MIAMI, FL 33122

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.

SIGNATURE: 01/21/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 SANCHEZ, FELIPE
 Name:
 SANCHEZ, FELIPE

 Address:
 2926 NW 72 AVE.
 Address:
 2460 NW 66 AVE BLDG 701 SUITE 101

City-St-Zip: MIAMI, FL 33122 City-St-Zip: MIAMI, FL 33122

Title: VD () Delete Title: VD (X) Change () Addition

Name: BUENO, CLAUDIA Name: BUENO, CLAUDIA

Address: 2926 NW 72 AVE. Address: 2460 NW 66 AVE BLDG 701 SUITE 101

City-St-Zip: MIAMI, FL 33122 City-St-Zip: MIAMI, FL 33122

Title: SD () Delete Title: SD (X) Change () Addition Name: SANCHEZ, CAMILO Name: SANCHEZ, CAMILO

Address: 2926 NW 72 AVE. Address: 2460 NW 66 AVE BLDG 701 SUITE 101

City-St-Zip: MIAMI, FL 33122 City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA BUENO VD 01/21/2002