


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000026634						<p>FILED</p> <p>04 DEC 30 PM 3:43</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>			
1. Entity Name <p><i>Bloom Transfer Corporation</i></p>									
Principal Place of Business 1861 N.W. 97TH AVENUE SUITE 2006 MIAMI, FL 33172 US				Mailing Address 1861 N.W. 97TH AVENUE SUITE 2006 MIAMI, FL 33172 US					
2. Principal Place of Business 1861 N.W. 97TH AVE. Suite, Apt. #, etc. SUITE 2006 City & State DORAL, FLORIDA Zip 33172 Country MIAMI-DADE				3. Mailing Address 1861 N.W. 97TH AVE. Suite, Apt. #, etc. SUITE 2006 City & State DORAL, FLORIDA Zip 33172 Country MIAMI-DADE					
4. FEI Number 65-1086099				Applied For <input checked="" type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				REINSTATEMENT 2004					
6. Name and Address of Current Registered Agent HILL, MARCELA 541 DEERRUN MIAMI SPRINGS, FL 33166				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, FELIPE 1861 NW 97TH AVENUE #2006 MIAMI, FL 33172			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, FELIPE 1861 N.W. 97TH AVE. #2006 DORAL, FL. 33172			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUENO, CLAUDIA 1861 NW 97TH AVENUE #2006 MIAMI, FL 33172			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUENO, CLAUDIA 1861 N.W. 97TH AVE. #206 DORAL, FL. 33172			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANCHEZ, CAMILO 1861 NW 97TH AVENUE #2006 MIAMI, FL 33172			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANCHEZ, CAMILO 1861 N.W. 97TH AVE. #2006 DORAL, FL. 33172			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Claudia Bueno</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									
Date <i>12-21-04</i> Daytime Phone #									