

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039986

FILED
Apr 26, 2004
Secretary of State

Entity Name: BLOOM INTERNATIONAL, INC.

Current Principal Place of Business:

6538 COLLINS AVENUE #186
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

601 COLLINS
SUITE N
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-1100052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALIEGO, LEON
6406 US 1 S
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALLEGO, JORGE
Address: 220 71ST STREET SUITE 213
City-St-Zip: MIAMI BEACH, FL 33141

Title: TSD () Delete
Name: MASTERS, ALLISON
Address: 220 71ST ST., STE 213
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALLISON MASTERS

TREA

04/26/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date