
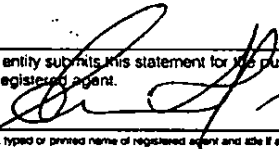
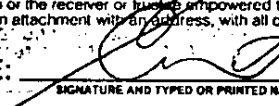


2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 17, 2006 8:00 am
Secretary of State

02-16-2006 90047 026 ***150.00

DOCUMENT # P05000079424 1. Entity Name SOUTHERN BLOSSOMS WATER LILY, INC.					
Principal Place of Business 22150 SW 147 AVENUE MIAMI, FL 33170			Mailing Address 8873 SW 131ST STREET MIAMI, FL 33176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MELENDEZ-MACKESY, CARMEN A 8873 SW 131ST STREET MIAMI, FL 33176			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		
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.			4. FEI Number 20-2949557		
SIGNATURE: 			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T. MACKESY, ROBERT 8873 SW 131ST STREET MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. MELENDEZ-MACKESY, CARMEN A 8873 SW 131ST STREET MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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					



01252006 Chg-P CR2E034 (11/05)

01/27/06

01/27/06



ATTACHMENT

66005717

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

SOUTHERN BLOSSOMS WATER LILY, INC.
8873 SW 131ST STREET
MIAMI, FL 33176

Subject: SOUTHERN BLOSSOMS WATER LILY, INC.

Reference Number: P05000079424

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION