

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000138441

FILED
Oct 09, 2006
Secretary of State

Entity Name: NEW BLOSSOM INVESTMENTS INC

Current Principal Place of Business:

19 BEECHWOOD STREET
BERGENFIELD, NJ 07621

New Principal Place of Business:

Current Mailing Address:

19 BEECHWOOD STREET
BERGENFIELD, NJ 07621

New Mailing Address:

FEI Number: 20-3624473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JOSE CPA
12839 NW 18 CT
PEMBROKE PINES, FL FLORIDA 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: JOSE THOMAS, C. P. A.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELEVETHINKAL, DEVASSY C
Address: 19 BEECHWOOD STREET
City-St-Zip: BERGENFIELD, NJ 07621

Title: S () Delete
Name: ELEVETHINKAL, FREDDY
Address: 19 BEECHWOOD STREET
City-St-Zip: BERGENFIELD, NJ 07621

Title: T () Delete
Name: ELEVETHINKAL, TONY D
Address: 19 BEECHWOOD STREET
City-St-Zip: BERGENFIELD, NJ 07621

Title: D () Delete
Name: ELEVETHINKAL, ROSHEN D
Address: 19 BEECHWOOD STREET
City-St-Zip: BERGENFIELD, NJ 07621

Title: D () Delete
Name: ELEVETHINKAL, MARY D
Address: 19 BEECHWOOD STREET
City-St-Zip: BERGENFIELD, FL 07621

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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: DEVASSY C ELEVETHINKAL

P

10/09/2006

Electronic Signature of Signing Officer or Director

Date