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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	·#)
PICK-UP	WAIT	MAIL
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DIVISION OF CORPESSATION

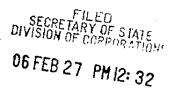
OF FEB 27 PH 12: 32

PS 3/7/06

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Blossoms of Blooms Inc- (Name of Corporation) DOCUMENT NUMBER: P 05 000156 047
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tuette H. Rodiques (Name of Person)
Blassoms a Blooms Inc. (Name of Firm/Company)
530 SW 24 Kd Rd (Address)
Michi Fl 33129 (City/State and Zip Code)
For further information concerning this matter, please call: dent of Blossoms 4 Blooms Inc. Mariela Maskinez at (305) 401-4553 (Name of Person) (Area Code & Daytime Telephone Number) 6770 Indian Creek Dr. Apt. TE Micau beach #1. 33141 Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	IUIU M. ROCLIQUEZ, hereby resign as president
of_	Floriphic of Alapani Time
	(Name of Corporation) P 0 5 000/56047, a corporation organized under the laws of the State of (Document Number, if known)
-	Florida
	(Signature of designing officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314