

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043155

Entity Name: BLOOMING GARDENS, INC.

FILED  
Mar 09, 2009  
Secretary of State

**Current Principal Place of Business:**

20462 OLD CUTLER RD.  
MIAMI, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**  
20462 OLD CUTLER RD.  
MIAMI, FL 33189

**New Mailing Address:**

FEI Number: 65-0497053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBARA W. WILSON  
20462 OLD CUTLER RD.  
MIAMI, FL 33189 US

**Name and Address of New Registered Agent:**

WILSON, BARBARA W PRES  
20462 OLD CUTLER RD.  
MIAMI, FL 33189 US

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: BARBARA W WLSON

03/09/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: WILSON, BARBARA W  
Address: 20462 OLD CUTLER RD.  
City-St-Zip: MIAMI, FL 33189

Title: SD ( ) Delete  
Name: WILSON, RICHARD S SR  
Address: 20462 OLD CUTLER RD.  
City-St-Zip: MIAMI, FL 33189

**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 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: BARBARA W WILSON

PTD

03/09/2009

Electronic Signature of Signing Officer or Director

Date