


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # P96000030036 1. Entity Name BLOOMSPRESS, INC.	
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Principal Place of Business 8323 NW 12TH STREET 100 MIAMI, FL 33126	Mailing Address 8323 NW 12TH STREET 100 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



05092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0742450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMOWITZ, LARRY
1231 101 ST
MIAMI, FL 33154

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAMOWITZ, LARRY 1231 101 ST BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUERTO, ANTONIO 7024 SE HARBOR CIRCLE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINVARB, SALOMON 3000 ISLAND BLVD. #2402 N. MIAMI BCH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMOWITZ, VANESSA 1231 101 ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/31/07-80002-024 150.00

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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:  5-16-07 305-412-2298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #