2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Aug 23, 2004 8:00 am Secretary of State **DOCUMENT # P97000073726** 1. Entity Name 05-06-2004 90177 033 ***150.00 SOUTHERN BLOSSOMS, INC. Principal Place of Business Mailing Address 66432370 8830 S.W. 131ST STREET 8830 S.W. 131ST STREET **MIAMI FL 33176** MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address 8873 SW Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) MOORE City & State City & State 4. FEI Number Applied For 65-0646994 mua Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENDEZ, CARMEN Street Address (P.O. Box Number is Not Acceptable) 8830 S.W. 131ST STREET **MIAMI FL 33176** City Zip Code 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 req FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PSTD** TITLE ☐ Addition TITLE Delete MENDEZ, CARMEN NAME NAME STREET ADDRESS 8830 S.W. 131ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIF CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITL F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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.

NATURE AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

Htach nent Dr. # 197000073726

66432370

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Florida Department of State
-Glenda E Hold
Division of Corporate
P.O Box 6327
Tallahassee,Florida
32314

Refence Number P93-000003472 Our busssines office moved to a new location 8873 S.W 131 Street ,please take a Note and accept our application and payment

Thanks

Narza

Office Manager