

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

05-07-2004 90119 044 ***150.00

DOCUMENT # P98000034756

1. Entity Name

SOUTHERN BLOSSOMS IRRIGATION, INC.



Principal Place of Business

8830 SW 131ST STREET
MIAMI FL 33176

Mailing Address

8830 SW 131ST STREET
MIAMI FL 33176

66432455



MOORE

CR2E034 (4/04)

2. Principal Place of Business

8873 SW 131 Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami - Fla

City & State

4. FEI Number

65-0848059

Applied For

Not Applicable

Zip 33176

Country DADE

Zip 33

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELENDEZ, CARMEN
8830 S.W. 131 ST
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature]

8/19/04

8/19/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME MENDEZ, CARMEN
STREET ADDRESS 8830 SW 131ST STREET
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVS
NAME SANTIAGO, EMILIO
STREET ADDRESS 8830 SW 131ST STREET
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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 of 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/19/04

Attachment

66432455

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

Refence Number P97000073726

Our bussines office moved to a new location 8873 S.W 131 Street ,please take a
Note and accept our application and payment

Thanks
Narza Vega
Office Manager