

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000034756

Entity Name
SOUTHERN BLOSSOMS IRRIGATION, INC.



Principal Place of Business

8873 SW 131 STREET
MIAMI, FL 33176

Mailing Address

8830 SW 131ST STREET
MIAMI, FL 33176

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90023 004 ***150.00



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0848059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

Carmen Melenz CARMEN MELENZ

01/27/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/06

Date

2052343338

Daytime Phone #

ATTACHMENT

40012823

January 30, 2006

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314
Ref.: The Company's Relocation

Dear Sir, Dear Madam:

Be aware that as of the month of February, our Company will be relocating at the following address:

**22150 SW 147 Avenue
Miami Florida 33170**

We are sorry for any inconvenience that might cause. If you have any question, please feel free to call us at: 305-234-3356

Sincerely,
Carmen Mendez@Southern Blossoms
Irrigation, Inc.
FEI Number: 65-0848059