


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90141 039 ***150.00

DOCUMENT # P98000054663

1. Entity Name
GOLDBLOOM FAMILY, INC.



Principal Place of Business
**201 ALHAMBRA CIRCLE SUITE 514
 CORAL GABLES FL 33134
 US**

Mailing Address
**201 ALHAMBRA CIRCLE SUITE 514
 CORAL GABLES FL 33134
 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number
65-0866564

Applied For
 Not Applicable

Zip

Country

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDBLOOM, GEORGE
 201 ALHAMBRA CIRCLE SUITE 514
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
GARY GOLD BLOOM

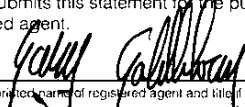
Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIRCLE, SUITE 514

City
CORAL GABLES

State
FL

Zip Code
33134

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  _____ DATE **27-MAR-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> Delete
NAME GOLDBLOOM, GEORGE	
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 514	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EVELYN GOLDBLOOM	
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 514	
CITY-ST-ZIP CORAL GABLES - FL - 33134	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GARY GOLD BLOOM	
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 514	
CITY-ST-ZIP CORAL GABLES - FL - 33134	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  **GARY GOLD BLOOM** Date **27-MAR-06** Daytime Phone # **305-446-8188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR