

A 1 9 9 9 0 4 8 6 4

SEC Registration Number

B L O O M B E R R Y R E S O R T S C O R P O R A T I O N

(Company's Full Name)

T H E E X E C U T I V E O F F I C E S , S O L A I R E R E S O R T & C A S I N O , 1 A S E A N A V E N U E , E N T E R T A I N M E N T C I T Y , B A R A N G A Y T A M B O , P A R A Ñ A Q U E C I T Y

(Business Address: No. Street City/Town/Province)

AMABELLE C. ASUNCION

(Contact Person)

88838920

(Company Telephone Number)

1 2 3 1

Month Day (Fiscal Year)

2 3 - A

(Form Type)

3rd Thursday of April

Month Day (Annual Meeting)

N/A

(Secondary License Type, If Applicable)

SEC-MSRD

Dept. Requiring this Doc.

N/A

Amended Articles Number/Section

98 (as of 30 April 2026)

Total No. of Stockholders

N/A N/A

Total Amount of Borrowings

Domestic

Foreign

To be accomplished by SEC Personnel concerned

File Number

File Number

LCU

LCU

Document ID

Document ID

Cashier

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**SECURITIES AND EXCHANGE COMMISSION
Metro Manila, Philippines**

FORM 23-A

REVISED

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 23 of the Securities Regulation Code

1. Name and Address of Reporting Person Ma. Lourdes Gaye C. Endozo <small>(Last) (First) (Middle)</small> <small>(Street)</small> <small>(City) (Province) (Postal Code)</small>		2. Date of Event Requiring Statement <small>(Month/Day/Year)</small> 15 05 2026 3. Tax Identification Number 4. Citizenship Filipino	5. Issuer Name and Trading Symbol BLOOMBERRY RESORTS CORPORATION (BLOOM) 6. Relationship of Reporting Person to Issuer <small>(Check all applicable)</small> Director _____ 10% Owner _____ <input checked="" type="checkbox"/> Officer _____ Other _____ <small>(give title below) (specify below)</small> Assistant Corporate Secretary 7. If Amendment, Date of Original <small>(Month/Day/Year)</small>	
Table 1 - Equity Securities Beneficially Owned				
1. Class of Equity Security	2. Amount of Securities Beneficially Owned		3. Ownership Form: Direct (D) or Indirect (I) *	4. Nature of Indirect Beneficial Ownership
	%	Number		
Common Shares	0.00	None		

If the reporting person previously owned 5% or more but less than 10%, provide the disclosure requirements set forth on page 3 of this Form.

Reminder: Report on a separate line for each class of equity securities beneficially owned directly or indirectly.
(Print or Type Responses)

- * (1) A person is directly or indirectly the beneficial owner of any equity security with respect to which he has or shares:
 - (A) Voting power which includes the power to vote, or to direct the voting of, such security; and/or
 - (B) Investment power which includes the power to dispose of, or to direct the disposition of, such security.
- (2) A person will be deemed to have an indirect beneficial interest in any equity security which is:
 - (A) held by members of a person's immediate family sharing the same household;
 - (B) held by a partnership in which such person is a general partner;
 - (C) held by a corporation of which such person is a controlling shareholder; or held by a corporation of which such person is a controlling shareholder; or
 - (D) subject to any contract, arrangement or understanding which gives such person voting power or investment power with respect to such security.

FORM 23-A (continued) Table II - Derivative Securities Beneficially Owned (e.g., warrants, options, convertible securities)

1. Derivative Security	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Equity Securities Underlying the Derivative Security		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security Direct (D) or Indirect (I) *	6. Nature of Indirect Beneficial Ownership
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Explanation of Responses:

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this Report is true, complete and accurate.
This report is signed in the City of Makati on MAY 21 2026.


Ma. Lourdes Gaye C. Endozo
(Signature of Reporting Person)