

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701259

FILED
May 07, 2004
Secretary of State

Entity Name: METROPOLITAN MIAMI FLOWER SHOW, INC.

Current Principal Place of Business:

55 S.W. 17 ROAD
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

11905 S.W. 84 AVENUE
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 59-6057247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUDE, SALLYE
200 EDGEWATER DRIVE
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIEGMEISTER, LINDA
Address: 432 LORETTO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete
Name: JANNEY, FREDA
Address: 930 SAN PEDRO
City-St-Zip: CORAL GABLES, FL 33156

Title: SD () Delete
Name: BOX, DONNA
Address: 300 LEUCADENDRA
City-St-Zip: CORAL GABLES, FL 33156

Title: TD () Delete
Name: HEDIN, GRACE
Address: 11905 S.W. 84TH AVENUE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE HEDIN

TD

05/07/2004

Electronic Signature of Signing Officer or Director

Date