

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 701259

1. Entity Name
METROPOLITAN MIAMI FLOWER SHOW, INC.



Principal Place of Business
**55 S.W. 17 ROAD
MIAMI, FL 33129 US**

Mailing Address
**11905 S.W. 84 AVENUE
MIAMI, FL 33156 US**



02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6057247

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOSS, BETTY
STREET ADDRESS	7800 S W 98 STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	HERZECA, JOSETTE
STREET ADDRESS	528 MINORA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	SILVA, JANE
STREET ADDRESS	7540 S WATERWAY DRIVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD
NAME	HEDIN, GRACE
STREET ADDRESS	11905 S.W. 84TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/06-00028-009 70.00

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IN THIS SPACE**

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 617, 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: Grace Hedin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06 305-235-4591
Date Daytime Phone #