


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # 701259 1. Entity Name METROPOLITAN MIAMI FLOWER SHOW, INC.	
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Principal Place of Business 55 S.W. 17 ROAD MIAMI, FL 33129 US	Mailing Address 11905 S.W. 84 AVENUE MIAMI, FL 33156 US
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DO NOT WRITE IN THIS SPACE



03162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6057247	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	# 66.25 TOTAL
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10. OFFICERS AND DIRECTORS

TITLE PD	MEEKS, GLORIA
NAME	7301 S.W. 35 ST
STREET ADDRESS	MIAMI, FL 33155
CITY-ST-ZIP	
TITLE SD	TRBOVICH, SHARON
NAME	3914 RIVIERA DRIVE
STREET ADDRESS	CORAL GABLES, FL 331347133
CITY-ST-ZIP	
TITLE TD	HEDIN, GRACE
NAME	11905 S.W. 84TH AVENUE
STREET ADDRESS	MIAMI, FL 33156
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000867351
04/08/08-80058-002 66.25

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 **3-17-08** **3052354591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #