

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00527

FILED
Apr 26, 2006
Secretary of State

Entity Name: MIAMI-DADE COUNTY FAIR & EXPOSITION, INC.

Current Principal Place of Business:

10901 CORAL WAY
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

10901 CORAL WAY
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 59-1039811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, PHILLIP M
10901 CORAL WAY
MIAMI, FL 33165 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: D () Delete
Name: DOTSON, ALBERT
Address: 17901 S W 78 AVE
City-St-Zip: MIAMI, FL 33157

Title: DC () Delete
Name: KRINZMAN, RICHARD
Address: 2645 BAYSHORE DR., APT 1101
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: LORIA, DOUGLAS S
Address: 3828 KUMQUAT AVE.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: FUCHS, E. DARWIN,
Address: 6401 SW 102ND STREET
City-St-Zip: MAIMI, FL 33156

Title: DC () Delete
Name: GRIFFITH, JACK
Address: 9490 SW 117TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: VANDEN, SANDRA K
Address: 4265 BRAGANZA AVENUE
City-St-Zip: MIAMI, FL 33133

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:

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

Title: DC (X) Change () Addition
Name: VANDEN, SANDRA K
Address: 4265 BRAGANZA AVENUE
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PHILLIP M. CLARK

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date