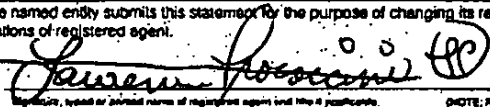
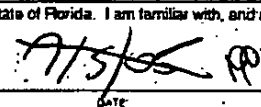
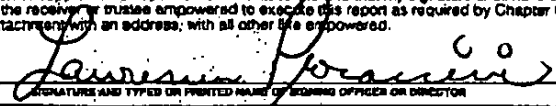


FILED
Aug 08, 2005 8:00 am
Secretary of State

07-13-2005 90013 043 ****70.00

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N04000009434					
1. Entity Name FLORIDA ASSOCIATION OF MEETINGS & EVENTS, INC.					
Principal Place of Business 600 NE 36 STREET #1704 MIAMI, FL 33137			Mailing Address 600 NE 36 STREET #1704 MIAMI, FL 33137		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2483335	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENTHAL, JUDY 600 NE 36 STREET #1704 MIAMI, FL 33137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 7/5/05 					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPRD ROSENTHAL, JUDY 600 NE 36 STREET, #1704 MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPRD CITRON, BEVERLY 1833 MADISON STREET HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD COLONGO, MARIE 7290 JACARANDA LANE MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEARNS, JOAN 1009 N OCEAN BLVD. #510 POMPANO BEACH, FL 33082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TQ PROCACCINI, LARRY 1117A S. 21 AVENUE HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.					
SIGNATURE: 		7/5/05 954-237-2400			
SIGNATURE AND TYPES OR PRINTED NAME OF BOARDS OFFICERS OR DIRECTOR					

66025557



07052005 Chg-NP CR2E037 (10/03)