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Secretary of State
08-30-2007 90002 039 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009434

1. Entity Name
FLORIDA ASSOCIATION OF MEETINGS & EVENTS, INC.

Principal Place of Business	Mailing Address
600 NE 36 STREET #1704 MIAMI, FL 33137	600 NE 36 STREET #1704 MIAMI, FL 33137

401301

07052007 No Chg-NP CR2E037 (4/06)

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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

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

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	CPRD
NAME	ROSENTHAL, JUDY
STREET ADDRESS	600 NE 36 STREET, #1704
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	CPRD
NAME	CITRON, BEVERLY
STREET ADDRESS	2615 MC KINLEY STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MD
NAME	COLONGO, MARIE
STREET ADDRESS	7290 JACARANDA LANE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	SD
NAME	HEARNS, JOAN
STREET ADDRESS	1009 N OCEAN BLVD. #510
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	TD
NAME	PROCACCINI, LARRY
STREET ADDRESS	1117A S. 24 AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Judy Rosenthal 8/27/07 305 525-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #