2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12404

FILED Feb 06, 2009 Secretary of State

Entity Name: GREATER MIAMI FESTIVALS & EVENTS ASSOCIATION, INC.

Current Principal Place of Business:		New Principa	New Principal Place of Business:		
11 NW FII UITE 625 IIAMI, FL	RST STREET 33128				
urrent Mailing Address:		New Mailing Address:			
2555 BISC MB #821 IIAMI, FL	CAYNE BLVD 33181 US				
El Number:	59-2634256	FEI Number Applied For ()	FEI Number Not Applica	ole () Certificate of Status Desired ()
ame and	Address of C	ırrent Registered Agent:	Name and A	Idress of New Registered Agent:	
0680 NW	, DONALD D., 25 ST. #202 331729108 US				
		ubmits this statement for the p	urpose of changing its r	egistered office or registered agent, or b	ooth,
the State	of Florida.	ubmits this statement for the p	urpose of changing its r	egistered office or registered agent, or b	ooth,
the State	e of Florida. RE:	ubmits this statement for the p		egistered office or registered agent, or b	ooth,
the State	e of Florida. RE:	c Signature of Registered Age	ent		
the State	of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Age ORS: Delete ERTA ERRACE	ent	Date	
the State IGNATUR FFICERS tle: ame: ddress:	Electroni AND DIRECT ED () DIPEITRO, ROB 240 SW 75TH TI PLANTATION, FI	C Signature of Registered Age ORS: Delete ERTA ERRACE . 33317 Delete IALD, D., II	ent ADDITIONS/ Title: Name: Address:	Date CHANGES TO OFFICERS AND DIREC	
the State IGNATUR FFICERS tle: ame: ddress: ty-St-Zip: tle: ame: ddress:	Electroni Electroni AND DIRECT ED () DIPEITRO, ROB 240 SW 75TH TI PLANTATION, FI D () SLESNICK, DON 10680 NW 25TH MIAMI, FL	C Signature of Registered Age CORS: Delete ERTA ERRACE . 33317 Delete IALD, D., II ST #202 Delete N COURT	ADDITIONS/A Title: Name: Address: City-St-Zip: Title: Name: Address:	Date CHANGES TO OFFICERS AND DIREC () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: ROBERTA DIPIETRO ED 02/06/2009