


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90027 007 ***150.00

DOCUMENT # P05000032518			
1. Entity Name FLOWERS INTERNATIONAL EVENTS, INC.			
Principal Place of Business 647 WEST 27TH STREET HIALEAH, FL 33010		Mailing Address 647 WEST 27TH STREET HIALEAH, FL 33010	
2. Principal Place of Business - No P.O. Box # 7935 NW 64th Street		3. Mailing Address 7935 NW 64th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33166-2723		Country MIAMI-DADE	
Zip 33166-2723		Country MIAMI-DADE	
6. Name and Address of Current Registered Agent FERNANDEZ, MARCIA 647 WEST 27TH STREET HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name: M ACCIA FERNANDEZ Street Address (P.O. Box Number is Not Acceptable): 7935 NW 64th Street City: MIAMI FL Zip Code: 33166-2723	
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: <i>Marcia Fernandez</i> DATE: 02/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERNANDEZ, MARCIA 647 WEST 27TH STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: <i>Marcia Fernandez</i>		02/13/07 (305) 336-0988	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



02132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2466528 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required