2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000032518

1. Entity Name
FLOWERS INTERNATIONAL EVENTS, INC.

Principal Place of Business	Mailing Address
7935 NW 64TH STREET MIAMI, FL 33166	7935 NW 64TH STREET MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

03032008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-2466528		Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, MARCIA
7935 NW 64TH STREET
MIAMI, FL 33166

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, MARCIA
STREET ADDRESS	647 WEST 27TH STREET
CITY-ST-ZIP	HIALEAH, FL 33010

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: X _Marcia Fernandez_   3/4/08   7863360988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #