2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State
03-04-2005 90066 028 ***150.00

DOCUMENT # P93000007066

1. Entity Name
MIAMI FLOWER IMPORTERS CREDIT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3442 SE LAKE WEIR AVENUE OCALA, FL 34471	3442 SE LAKE WEIR AVENUE OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0383562
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPAHN, RICHARD A
3442 SE LAKE WEIR AVENUE
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SPAHN, RICHARD A
STREET ADDRESS	12700 SW 112TH STREET RD
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	S
NAME	~~HERNANDEZ, ANY~~ BARBARA CAMPOS
STREET ADDRESS	~~1800 NW 89TH PLACE~~ 1800 N.W. 89TH PL.
CITY-ST-ZIP	~~MIAMI, FL 33172~~ MIAMI, FL. 33172
TITLE	T
NAME	VARELA, MARIELA
STREET ADDRESS	9800 NW 17TH STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ PRESIDENT 954-965-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD A SPAHN