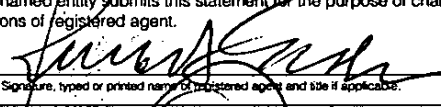
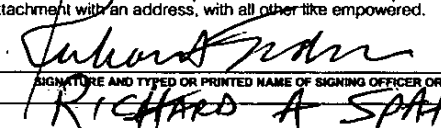


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90015 008 ***150.00

DOCUMENT # P93000007066			
1. Entity Name MIAMI FLOWER IMPORTERS CREDIT ASSOCIATION, INC.			
Principal Place of Business 3442 SE LAKE WEIR AVENUE OCALA, FL 34471		Mailing Address 3442 SE LAKE WEIR AVENUE OCALA, FL 34471	
2. Principal Place of Business 17700 SW 117TH ST RD		3. Mailing Address 17700 SW 117TH ST RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DUNNELLON FLA		City & State DUNNELLON FLA	
Zip 34432	Country USA	Zip 34432	Country USA
6. Name and Address of Current Registered Agent SPAHN, RICHARD A 3442 SE LAKE WEIR AVENUE OCALA, FL 34471 DUNNELLON, FLORIDA 34432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 03/23/06 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP SPAHN, RICHARD A 12700 SW 112TH STREET RD DUNNELLON, FL 34432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPOS, BARBARA 1000 NW 69TH PLACE MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT RICHARD A SPAHN ☒ Change ☐ Addition 17700 SW 117TH ST RD DUNNELLON, FLA 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARELA, MARIELA 9800 NW 17TH STREET MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  RICHARD A SPAHN		REGISTERED AGENT 03/23/06 352-489-6553	