2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P9300007066 04-17-2007 90247 027 ***150.00 MIAMI FLOWER IMPORTERS CREDIT ASSOCIATION, INC. Principal Place of Business Mailing Address 12700 SW 112TH ST RD 12700 SW 112TH ST RD DUNNELLON, FL 34432 DUNNELLON, FL 34432 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State 65-0383562 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPAHN, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 12700 SW 112TH ST RD DUNNELLON, FL 34432 Zip Code FL 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TIT1 F ☐ Change Addition ☐ Delete TITLE SPAHN, RICHARD A NAME NAME STREET ADDRESS 12700 SW 112TH STREET RD STREET ADDRESS DUNNELLON, FL 34432 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE SPAHN, RICHARD A NAME NAME STREET ADDRESS 12700 SW 112TH ST R STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNNELLON, FL 34432 ☐ Change **X** Addition TITLE TITLE Defete RICHARS VARELA, MARIELA NAME *IAME 9800 NW-17TH STREET STREET ADDRESS 700 5W STREET ADDRESS CITY-ST-7IP MIAMLEL 33172 -CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this peport 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 352-489-6553

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SIGNATURE:

FILED