

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002895

FILED
Jul 13, 2009
Secretary of State

Entity Name: SOW A SEED,INC.

Current Principal Place of Business:

14601 SABAL DRIVE
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

14601 SABAL DRIVE
MIAMI, FL 33014

New Mailing Address:

FEI Number: 26-2178983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

APAID, CLAUDIA
14601 SABAL DRIVE
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: APAID, CLAUDIA
Address: 14601 SABAL DRIVE
City-St-Zip: MIAMI, FL 33014

Title: VPTS () Delete
Name: BAKER, MICHELE
Address: 5005 NEPTUNE LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: BAKER, MICHELE
Address: 5005 NEPTUNE LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: HALLOUN, STEVE
Address: 8041 NW 156 TERRACE
City-St-Zip: MIAMI, FL 33016

Title: D () Delete
Name: ALKHAL, SANDRINE
Address: 13295 SW 102ND STREET
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: FLORENCE, DAYANA
Address: 7209 NW 41ST STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA APAID

D

07/13/2009

Electronic Signature of Signing Officer or Director

_____ Date