


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90012 001 \*\*\*\*61.25

<b>DOCUMENT # N98000001186</b>	
1. Entity Name <b>MIAMI/MIAMI-DADE WEED &amp; SEED, INC.</b>	

Principal Place of Business <b>100 N.E. 84TH STREET 250 MIAMI, FL 33138</b>	Mailing Address <b>100 N.E. 84TH STREET 250 MIAMI, FL 33138</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0821017</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACK, ELAINE  
6015 NW 1ST AVE.  
MIAMI, FL 33127**

**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)

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COLEY, GLORY 13334 NW 21ST AVE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUNEUS, FRED 1320 NW 62ND STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACK, ELAINE H 3015 NW 7TH AVE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COOPER, KAREN 1000 NW 62 STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER-BOUIE, SABRINA 6161 NW 9TH AVENUE MIAMI, FL 33127
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 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 617, 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: *Elaine L. Black* **2/27/06** **305-751-8831**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #