

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 500587

1. Entity Name
GREENLEAVES OF MIAMI INC.



FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90049 021 ***158.75

Principal Place of Business
**2370 NW 174TH TERR
PO BOX 694224
MIAMI, FL 33056**

Mailing Address
**2370 NW 174TH TERR
PO BOX 694224
MIAMI, FL 33056**

DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1652502	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, REV DR DENNIS M
2370 NW 174TH TERR
MIAMI, FL 33056**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	PBC JACKSON, REV DR DENNIS 2390 NW 174 TERR MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, DENNIS M II 2370 NW 174TH TERR MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, JERRY C 2370 NW 174TH TERR MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM PICKARD, DANNIE L 2370 NW 174TH TERR MIAMI, FL 33056
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 2005 **286-236-6965**
Date Daytime Phone #