

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

May 17, 2006 8:00 am  
Secretary of State

04-24-2006 90451 004 \*\*\*158.75

DOCUMENT # 500587

1. Entity Name  
GREENLEAVES OF MIAMI INC.



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-1652502

Applied For

Not Applicable

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

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

TITLE PBC  
NAME JACKSON, REV DR DENNIS  
STREET ADDRESS 2390 NW 174 TERR  
CITY-ST-ZIP MIAMI, FL 33056 ☐ Delete

TITLE VP  
NAME JACKSON, DENNIS M II  
STREET ADDRESS 2370 NW 174TH TERR  
CITY-ST-ZIP MIAMI, FL 33056 ☐ Delete

TITLE VP  
NAME JACKSON, JERRY C  
STREET ADDRESS 2370 NW 174TH TERR  
CITY-ST-ZIP MIAMI, FL 33056 ☐ Delete

TITLE GM  
NAME PICKARD, DANNIE L  
STREET ADDRESS 2370 NW 174TH TERR  
CITY-ST-ZIP MIAMI, FL 33056 ☒ Delete

TITLE  
NAME Anita R. Jackson GM  
STREET ADDRESS 16200 N.W. 18th Ave.  
CITY-ST-ZIP OPA- LOCKA, FL 33056 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Dr. Dennis M. Jackson

Apr 17, 2006 786-236-6965

Date

Daytime Phone