2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# N01000000658

Entity Name: MIAMI HARVEST CENTER, INC.

Current Principal Place of Business:

3984 NW 167TH STREET
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

3984 NW 167TH STREET
MIAMI, FL 33016

New Mailing Address:

FEI Number: 65-1047219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, MANUEL
12589 SW 21ST STREET
MIRAMAR, FL 33027 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: RIVERA, MANUEL
Address: 12589 SW 21 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: EXVD ( ) Delete
Name: RIVERA, VICTORIA S
Address: 12589 SW 21 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: SD ( ) Delete
Name: SHACKELFORD, OSCAR E
Address: 118 KILPATRICK RD
City-St-Zip: CLEWISTON, FL 33440

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: RIVERA, VICTORIA S
Address: 12589 SW 21 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: TD (X) Change ( ) Addition
Name: SHACKELFORD, OSCAR E
Address: 118 KILPATRICK RD
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Change (X) Addition
Name: JOHNSON, TROY
Address: 150 NE 87 STREET
City-St-Zip: EL PORTAL, FL 33138

Title: D ( ) Change (X) Addition
Name: MATTAR, SAED
Address: 3616 SW 163 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Change (X) Addition
Name: RODRIGUES, KELLER
Address: 14910 BEL AIRE DRIVE SOUTH
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL RIVERA PD 02/15/2007

Electronic Signature of Signing Officer or Director — Date