

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 03, 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 33027Title: SD ( ) Delete  
Name: RIVERA, VICTORIA S  
Address: 12589 SW 21 STREET  
City-St-Zip: MIRAMAR, FL 33027Title: TD ( ) Delete  
Name: SHACKELFORD, OSCAR E  
Address: 118 KILPATRICK RD  
City-St-Zip: CLEWISTON, FL 33440Title: D ( ) Delete  
Name: JOHNSON, TROY  
Address: 150 NE 87 STREET  
City-St-Zip: EL PORTAL, FL 33138Title: D ( ) Delete  
Name: MATTAR, SAED  
Address: 3616 SW 163 AVENUE  
City-St-Zip: MIRAMAR, FL 33027Title: D ( ) Delete  
Name: RODRIGUES, KELLER  
Address: 14910 BEL AIRE DRIVE SOUTH  
City-St-Zip: PEMBROKE PINES, FL 33027**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: EXVD (X) Change ( ) Addition  
Name: RIVERA, VICTORIA S  
Address: 12589 SW 21 STREET  
City-St-Zip: MIRAMAR, FL 33027Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: SD (X) Change ( ) Addition  
Name: MATTAR, SAED  
Address: 3616 SW 163 AVENUE  
City-St-Zip: MIRAMAR, FL 33027Title: ( ) 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: MANUEL RIVERA

PD

05/03/2007

Electronic Signature of Signing Officer or Director

Date