# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2009**
**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 ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

RIVERA, MANUEL
12589 SW 21ST STREET
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

RIVERA, MANUEL
14800 MARVIN LANE
SOUTHWEST RANCHES, FL 33330 US

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: MANUEL RIVERA 05/04/2009
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: TD ( ) Delete
Name: SHACKELFORD, OSCAR E
Address: 118 KILPATRICK RD
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: GRAEME, HILL
Address: 17786 SW 27 COURT
City-St-Zip: MIRAMAR, FL 33029

Title: SD ( ) Delete
Name: MATTAR, SAED
Address: 3616 SW 163 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: 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: MARTINEZ, ADIEL
Address: 18101 NE 14 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

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

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

Title: ( ) 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 05/04/2009
Electronic Signature of Signing Officer or Director — Date