

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90016 022 \*\*\*\*70.00

**DOCUMENT # N01000000890**

1. Entity Name

**SWEET VINE INCORPORATED**



Principal Place of Business

**20221 SW 113 CT.  
MIAMI FL 33189**

Mailing Address

**20221 SW 113 CT.  
MIAMI FL 33189**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**65-1110997**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COLLIER, TONNETTE  
20221 SW 113 CT.  
MIAMI FL 33189**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete  
NAME **COLLIER, TONNETTE**  
STREET ADDRESS **20221 SW 113 CT.**  
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **D** ☐ Delete  
NAME **FAIRFAX, MARCIE**  
STREET ADDRESS **11860 SW 2044 ST.**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **STD** ☐ Delete  
NAME **BUCHANAN, ELOUISE**  
STREET ADDRESS **22320 SW 115 AVE.**  
CITY-ST-ZIP **MIAMI FL 33170**

TITLE **C** ☐ Delete  
NAME **BAKER, BETTY J DO DR**  
STREET ADDRESS **17640 NW 47TH AVE.**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **BM** ☐ Delete  
NAME **KIRKESEY, AIDA**  
STREET ADDRESS **10761 SW 145TH ST.**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **BM** ☐ Delete  
NAME **HARRISON, ADDIE R**  
STREET ADDRESS **1230 NE 3 TR., #238**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Reginald Joseph, Vice chair** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **26131 SW 125 Avenue**  
CITY-ST-ZIP **Naranja, FL 33032**

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

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

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CITY-ST-ZIP

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

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 617, 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

Date

Daytime Phone #

*Tonnette Collier*

*1/23/04*

*305-246-1193*