


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90036 032 \*\*\*\*70.00

<b>DOCUMENT # N01000000890</b> 1. Entity Name <b>SWEET VINE INCORPORATED</b>					
Principal Place of Business <b>20221 SW 113 CT. MIAMI FL 33189</b>				Mailing Address <b>20221 SW 113 CT. MIAMI FL 33189</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1110997</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COLLIER, TONNETTE 20221 SW 113 CT. MIAMI FL 33189</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIER, TONNETTE		NAME	Sallye Jude	
STREET ADDRESS	20221 SW 113 CT.		STREET ADDRESS	200 Edgewater Drive	
CITY-ST-ZIP	MIAMI FL 33189		CITY-ST-ZIP	Coral Gables, FL 33133	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAIRFAX, MARCIE		NAME	Roscoe Warren	
STREET ADDRESS	11860 SW 2044 ST.		STREET ADDRESS	436 NW 18th St, Homestead, FL 33030	
CITY-ST-ZIP	MIAMI FL 33177		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY, HATTIE		NAME	Pat mellerson	
STREET ADDRESS	22321 SOUTHWEST 114 AVENUE		STREET ADDRESS	224 Washington Ave, Homestead, FL 33030	
CITY-ST-ZIP	MIAMI FL 33170		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		
NAME	BAKER, BETTY J DO DR		NAME		
STREET ADDRESS	17640 NW 47TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE		
NAME	KIRKESEY, AIDA		NAME		
STREET ADDRESS	10761 SW 145TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE		
NAME	HARRISON, ADDIE R		NAME		
STREET ADDRESS	1230 NE 3 TR., #238		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:** *Tonnette Collier* Tonnette Collier 3/10/06