

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90043 009 ****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 - No P.O. Box #

745 W. Palm Dr.

3. Mailing Address

745 W. Palm Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Florida City, Florida

City & State

Florida City, Florida

4. FEI Number

65-1110997

Applied For

Not Applicable

Zip

33034

Country

USA

Zip

33034

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLIER, TONNETTE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

745 W. Palm Dr.

City

Florida City

FL

Zip Code

33034

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

Jonathan Collier, Tonnelle Collier, Decore 4/4/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	BM	☐ Delete
NAME	JUDE, SALLYE	
STREET ADDRESS	200 EDGEWATER DR	
CITY - ST - ZIP	CORAL GABLES FL 33133	
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	

TITLE	Rosecoe Warren (BM)	☐ Change ☒ Addition
NAME	1689 S. Goldeneye Lane	
STREET ADDRESS	Homestead, FL 33035	
CITY - ST - ZIP		
TITLE	Pat Mellerson (S/T)	☐ Change ☒ Addition
NAME	224 Washington Ave	
STREET ADDRESS	Homestead, FL 33030	
CITY - ST - ZIP		
TITLE	Reginald Joseph (VP)	☐ Change ☒ Addition
NAME	26131 SW 125 Avenue	
STREET ADDRESS	Naranja, FL 33032	
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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:

Jonathan Collier, Tonnelle Collier 4/4/08