

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000890

FILED  
Apr 02, 2012  
Secretary of State

Entity Name: SWEET VINE INCORPORATED

## Current Principal Place of Business:

530 S.W. FIRST STREET  
BUILDING B - SUITE 304  
FLORIDA CITY, FL 33034

## New Principal Place of Business:

144 NW 11TH STREET  
HOMESTEAD, FL 33030

## Current Mailing Address:

530 S.W. FIRST STREET  
BUILDING B - SUITE 304  
FLORIDA CITY, FL 33034

## New Mailing Address:

144 NW 11TH STREET  
HOMESTEAD, FL 33030

FEI Number: 65-1110997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COLLIER, TONNETTE  
530 S.W. FIRST STREET  
BUILDING B - SUITE 304  
FLORIDA CITY, FL 33034 US

## Name and Address of New Registered Agent:

COLLIER, TONNETTE  
144 NW 11TH STREET  
HOMESTEAD, FL 33030 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: TONNETTE COLLIER

04/02/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CHA  
Name: WARREN, ROSCOE  
Address: 1689 S. GOLDENEYE LANE  
City-St-Zip: HOMESTEAD, FL 33035

Title: VCH  
Name: JOSEPH, REGINALD  
Address: 26131 SW 125 AVE  
City-St-Zip: NARANJA, FL 33032

Title: T  
Name: JACKSON, BARBARA DR. A  
Address: 3855 GRAND AVENUE  
City-St-Zip: CORAL GABLES, FL 33133

Title: BM  
Name: GULLIAN, MARTH V  
Address: 144 NW 11TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: BM  
Name: MURRAY, STEVEN DR.  
Address: 9299 SW 152ND STREET, SUITE 200  
City-St-Zip: MIAMI, FL 33176

Title: BM  
Name: JUDE, SALLYE  
Address: 200 EDGEWATER DRIVE  
City-St-Zip: CORAL GABLES, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: TONNETTE COLLIER

ED

04/02/2012

Electronic Signature of Signing Officer or Director

Date