


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000003653</b> 1. Entity Name ROOTS IN THE CITY, INC.	
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Principal Place of Business 1600 NW 3RD AVENUE BUILDING D MIAMI, F; 33136-1810	Mailing Address 1600 NW 3RD AVENUE BUILDING D MIAMI, F; 33136-1810
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01282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0524711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DUNN, MARVIN 5275 SW 77TH COURT H-206 MIAMI, FL 33155
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DUNN, MARVIN 1600 NW 3RD AVENUE MIAMI, FL 331361810
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DUNN, LEVAN 1600 NW 3RD AVENUE MIAMI, FL 331361810
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MURPHY, NANCY 1600 NW 3RD AVENUE MIAMI, FL 331361810
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GONZALEZ-EILERT, ANJENYS 1600 NW 3RD AVENUE MIAMI, FL 331361810
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000326461  
04/23/05-80057-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_