

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

**FILED**  
**Jul 20, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90444 002 \*\*\*\*61.25

66022037



1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N03000003653</b> 1. Entity Name <b>ROOTS IN THE CITY, INC.</b>					
Principal Place of Business <b>1600 NW 3RD AVENUE BUILDING D MIAMI F; 33136-1810</b>			Mailing Address <b>1600 NW 3RD AVENUE BUILDING D MIAMI F; 33136-1810</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>03-0524711</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DUNN, MARVIN</b> <b>5275 SW 77TH COURT</b> <b>H-206</b> <b>MIAMI FL 33155</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 re-registering) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DUNN, MARVIN	NAME			
STREET ADDRESS	1600 NW 3RD AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33136-1810	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DUNN, LEVAN	NAME			
STREET ADDRESS	1600 NW 3RD AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33136-1810	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MURPHY, NANCY	NAME			
STREET ADDRESS	1600 NW 3RD AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33136-1810	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GONZALEZ-EILERT, ANJENYS	NAME			
STREET ADDRESS	1600 NW 3RD AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33136-1810	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <div style="float: right; text-align: right;"> <b>June 30, 2006</b>  <b>389 1602</b> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT

66022037

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2006

ROOTS IN THE CITY, INC.  
1600 NW 3RD AVENUE  
BUILDING D  
MIAMI, F; 33136-1810

Subject: **ROOTS IN THE CITY, INC.**

Reference Number: **N03000003653**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/al  
ANNUAL REPORTS SECTION

Director was out of  
state PD