

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008826

FILED
May 11, 2005
Secretary of State

Entity Name: SOUTH DADE WEED AND SEED, INC.

Current Principal Place of Business:

4 SOUTH KROME AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

4 SOUTH KROME AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-1616286 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SANDRA, NANNI
4 SOUTH KROME AVENUE
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: TAYLOR, STEVEN
Address: 404 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: VC () Delete
Name: DRIVER, KAMETRA
Address: 1350 SW 4 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: BOWE, EDWARD JR
Address: 4 SOUTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: S () Delete
Name: HAAS, ROBERTA
Address: 837 SW 2ND STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: O () Delete
Name: PETERSON, ROBIN
Address: 4 SOUTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBIN PETERSON

MS

05/11/2005

Electronic Signature of Signing Officer or Director

Date