

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008826

FILED
May 01, 2009
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:

SANDRA, NANNI
4 SOUTH KROME AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

ROBIN, WRIGHT
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: ROBIN WRIGHT

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VC () Delete
Name: TRANTHEM, JIM DR.
Address: 11700 SW 216TH STREET
City-St-Zip: GOULDS, FL 33170

Title: T (X) Delete
Name: NANNI, SANDRA
Address: 4 SOUTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: S () Delete
Name: SHAW, LINDA
Address: 1542 SW 4TH STREET
City-St-Zip: HOMESTEAD, FL 33030

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SALGADO, CARLOS
Address: 141 N. KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

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

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

Title: S (X) Change () Addition
Name: BETHUNE-PERRY, LISA
Address: 172 NE 15TH STREET
City-St-Zip: MIAMI, FL 33132

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 WRIGHT

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date