

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90068 013 ****61.25

DOCUMENT # N45120

1. Entity Name
OPERATION GREEN LEAVES, INC.



Principal Place of Business

**221 S.W. 22 AVENUE
#204
MIAMI, FL 33135 US**

Mailing Address

**P.O. BOX 5254
CORAL GABLES, FL 33114**

DO NOT WRITE IN THIS SPACE

08042004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0284655

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATRIE, NADINE C
8220 NW 201 STREET
MIAMI, FL 33015**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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	PD BRICOURT, SYLVIO 8400 S.W. 133RD AVE., #305 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WELLINGTON, JIM 212 PHOENITIA AVE #4 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FAULKS, ZANDRA 2281 SHERMARNE CIRCLE SOUTH., #B511 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TREADWAY, DEE-ANNE 1700 S BAYSHORE DR #3256 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(i), 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:

Nadine C. Patie **NADINE C. PATIE** 8/5/04 305-644-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #