


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N45120 1. Entity Name OPERATION GREEN LEAVES, INC.	
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Principal Place of Business 221 S.W. 22 AVENUE #204 MIAMI, FL 33135 US	Mailing Address P.O. BOX 5254 CORAL GABLES, FL 33114
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07182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0284655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000374646
07/27/05-80001-015 61.25

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 FAULKES, 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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/05

Date

305-644-9000

Daytime Phone #