


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90022 022 \*\*\*\*61.25

<b>DOCUMENT # N45120</b> 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		
2. Principal Place of Business 1999 N.E. 150 <sup>th</sup> Street		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, Fla		City & State		4. FEI Number 65-0284655	
Zip 33181		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PATRIE, NADINE C 8220 NW 201 STREET MIAMI, FL 33015			7. Name and Address of New Registered Agent Name <u>PATRICE NADINE C</u> Street Address (P.O. Box Number is Not Acceptable) <u>2926 W. Missionwood Lane</u> City <u>MIRAMAR</u> FL Zip Code <u>33025</u>		
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>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRICOURT, SYLVIO 8400 S.W. 133RD AVE., #305 MIAMI, FL 33183	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WELLINGTON, JIM 212 PHOENITIA AVE #4 CORAL GABLES, FL 33114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAULKS, ZANDRA 2281 SHERMARNE CIRCLE SOUTH., #B511 MIRAMAR, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TREADWAY, DEE-ANNE 1700 S BAYSHORE DR #3256 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Patrice Nadine C</u>		Date <u>7/1/06</u>		Daytime Phone # <u>305-644-9000</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					