


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N45120 1. Entity Name OPERATION GREEN LEAVES, INC.	
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Principal Place of Business 1999 NE 150TH STREET MIAMI, FL 33181 US	Mailing Address P.O. BOX 5254 CORAL GABLES, FL 33114
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05012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

PATRIE, NADINE C
2926 W MISSION WOOD LANE
MIRAMAR, FL 33025

**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: *Nadine C. Patrie* DATE: 4/27/07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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05/23/07-80088-010 61.25

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IN THIS SPACE**

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, 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. Patrie* DATE: 4/27/07 DAYTIME PHONE: 305-644-9906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR