

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45120

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: OPERATION GREEN LEAVES, INC.

**Current Principal Place of Business:**

1999 NE 150TH STREET  
MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5254  
CORAL GABLES, FL 33114

**New Mailing Address:**

FEI Number: 65-0284655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TREADWAY, DEE-ANNE  
Address: 1700 S BAY SHORE DR. #3256  
City-St-Zip: MIAMI, FL 33132

Title: VPD ( ) Delete  
Name: LAMBERT, FRANTZ  
Address: 18303 S.W. 149TH PLACE  
City-St-Zip: MIAMI, FL 33187

Title: TD ( ) Delete  
Name: FAULKS, ZANDRA  
Address: 2281 SHERMARNE CIRCLE SOUTH., #B511  
City-St-Zip: MIRAMAR, FL 33025

Title: SD ( ) Delete  
Name: THELUSMA, LEONCE  
Address: 13360 S-W 91ST TERR. UNITE E  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: LEONCE, THELUSMA  
Address: 13360 S.W. 91ST TERR. UNIT E  
City-St-Zip: MIAMI, FL 33186

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

Title: SD (X) Change ( ) Addition  
Name: PAOLA, GOUSSE  
Address: 16 VIA LOMBARDIA, ALPIGNANO  
City-St-Zip: TORINO, IT ITALY

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: NADINE C. PATRICE

E.D

04/17/2009

Electronic Signature of Signing Officer or Director

Date