

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45120

FILED  
May 01, 2012  
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:**

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

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: NADINE C. PATRICE

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GOUSSE, PAOLA  
Address: 16 VIA LOMBARDIA  
City-St-Zip: ALPIGNANO, IT ITALY

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

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

Title: SD  
Name: FRANCESS, BOHNSACK  
Address: 3033 N.W. NORTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33142

Title: BM  
Name: MALDONADO, GUADALUPE  
Address: 6005 N.E. 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137

I hereby 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 all other like empowered.

SIGNATURE: NADINE C. PATRICE

DIR.

05/01/2012

Electronic Signature of Signing Officer or Director

Date