

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000890

**Entity Name:** SWEET VINE INCORPORATED**Current Principal Place of Business:**144 NW 11TH STREET  
HOMESTEAD, FL 33030**Current Mailing Address:**144 NW 11TH STREET  
HOMESTEAD, FL 33030**FEI Number:** 65-1110997**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COLLIER, TONNETTE  
144 NW 11TH STREET  
HOMESTEAD, FL 33030 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CHA
Name	WARREN, ROSCOE
Address	1689 S. GOLDENEYE LANE
City-State-Zip:	HOMESTEAD FL 33035

Title	VCH
Name	JOSEPH, REGINALD
Address	26131 SW 125 AVE
City-State-Zip:	NARANJA FL 33032

Title	T
Name	JACKSON, BARBARA DR. A
Address	3855 GRAND AVENUE
City-State-Zip:	CORAL GABLES FL 33133

Title	BM
Name	GULLIAN, MARTH V
Address	144 NW 11TH STREET
City-State-Zip:	HOMESTEAD FL 33030

Title	BM
Name	MURRAY, STEVEN DR.
Address	9299 SW 152ND STREET, SUITE 200
City-State-Zip:	MIAMI FL 33176

Title	BM
Name	JUDE, SALLYE
Address	200 EDGEWATER DRIVE
City-State-Zip:	CORAL GABLES FL 33133

Title	BM
Name	TOMLIN, PATRICIA A
Address	1740 NW 10TH STREET
City-State-Zip:	HOMESTEAD FL 33030

*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: ROSCOE WARREN****CHAIRMAN****04/08/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date