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

Secretary of State DOCUMENT #715923 02-22-2007 90002 026 ****61.25 GREÉN HILLS PARK WEST NO. 3, INC. Principal Place of Business Mailing Address 40022301 17070 SW 112 CT. C/O MIAMI MANAGEMENT MIAMI, FL 33157 14275 SW 142 AVE MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1231690 City & State City & State Applied For Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRIAT, CARLOS Street Address (P.O. Box Number is Not Acceptable) 10570 NW 27 ST MIAMI, FL 33172 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change TITLE ☐ Delete TITI F Addition BADILLO, EMILIA NAME NAME STREET ADDRESS STREET ADDRESS 11349 SW 172 ST CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-7IP Duce Covoletski 17205 Ju 113Ct TITLE Delete TITLE E Change Addition PASTOR, ALFREDO NAME NAME STREET ADDRESS STREET ADDRESS 11305 SW 1172 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete TITLE ☐ Change ☐ Addition TITLE ALBERTSON, DONNA NAME NAME STREET ADDRESS 17202 SW 113 CT. STREET ADDRESS MIAMI, FL 33157 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE JONES, VIOLA NAME NAME 17159 SW 113 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE LOPEZ, JOSE NAME NAME 11394 SW 171 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP Addition Change TITLE Delete TITLE SANNICANDHO, MANGO NAME NAME 17109 SW 113 COURT STREET ADDRESS STREET ADDRESS 17131 JW CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33157

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

MIAIN.

FILED

Feb 22, 2007 8:00 am