


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90052 036 ****61.25

| | | | |
|---|---|--|---|
| DOCUMENT # 723249 1. Entity Name EMERALD GREEN SECTION FOUR, INC. | |  | |
| Principal Place of Business 3501 KEYSER AVE. VILLA 61 HOLLYWOOD, FL 33021 US | | Mailing Address 3501 KEYSER AVE. VILLA 61 HOLLYWOOD, FL 33021 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| 4. FEI Number 59-1514402 | | 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 PARIS, MILTON 3501 N. KEYSER AVENUE VILLA #61 HOLLYWOOD, FL 33021 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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, typed or printed name of registered agent and title if applicable. | |
| SIGNATURE <i>Justin Paris</i> | | DATE 4-6-05 | |
| (NOTE: Registered Agent signature required when reinstating) | | Filing Fee is \$61.25 Due by May 1, 2005 | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEUMAN, ALAN 3501 KEYSER AVG 37 HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MEYER, JOANNE 3501 KEYSER AVE #60 HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSE, ADELE 3501 N. KEYSER #57 HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LERNER, LEON 3501 KEYSER AVENUE #69 HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SABRA, MIRIAM 3501 KEYSER AVENUE #58 HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PARIS, MILTON 3501 N KEYSER AVENUE, VILLA 61 HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Justin Paris</i> | | Date 4-6-05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 954-985-0438 | |

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04052005 Chg-NP CR2E037 (10/03)