


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90242 045 ***158.75

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1. Entity Name
GREENER PASTURES TRADING, INC.



40084980



Principal Place of Business Mailing Address
5800 NW 74TH AVE. **5800 NW 74TH AVE.**
MIAMI, FL 33166 **MIAMI, FL 33166**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04282006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
57-1138478 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIAZ, JUAN ESQ.
5800 NW 74TH AVE.
MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **BARED, JOSE P**
 STREET ADDRESS **5800 NW 74TH AVE.**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **EXEV** Delete
 NAME **BARED, MAURICE E**
 STREET ADDRESS **5800 NW 74TH AVE.**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **Vice President** Change Addition
 NAME **Becky Brown**
 STREET ADDRESS **5800 Northwest 74th Ave**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **P** Delete
 NAME **BARED, CARLOS**
 STREET ADDRESS **5800 NW 74TH AVE.**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **SVP** Delete
 NAME **DIAZ, JUAN**
 STREET ADDRESS **5800 NW 74TH AVE.**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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 607, 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: *Juan Diaz Sr. Vice President/General Counsel* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR