

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000144698**

1. Entity Name  
**GREEN ENERGY ALTERNATIVES, CORP.**



Principal Place of Business:

1221 BRICKELL AVE.  
 SUITE 938  
 MIAMI, FL 33131

Mailing Address:

1221 BRICKELL AVE.  
 SUITE 938  
 MIAMI, FL 33131



01022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5900491	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MUSIATE-KELLY, PAULO A  
 1331 BRICKELL BAY DR  
 APT 2903  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DVP
NAME	MUSIATE-KELLY, PAULO A
STREET ADDRESS	1331 BRICKELL BAY DR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DS
NAME	QUINONEZ, ROBERTO J
STREET ADDRESS	1334 WASHINGTON AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DP
NAME	ARRONDO, RAUL E.
STREET ADDRESS	596 CAMBRIDGE DR.
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000788521  
 01/18/08-80044-020 150.00

**DO NOT WRITE IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08 786-413-6868

Date

Daytime Phone #