




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90042 031 \*\*\*150.00

<b>DOCUMENT # P94000077121</b> 1. Entity Name <b>GREEN BISCAVNE CORPORATION</b>					
Principal Place of Business <b>2500 N. MILITARY TRAIL</b> <del>SUITE #220</del> <b>BOCA RATON, FL 33431</b>			Mailing Address <b>2500 N. MILITARY TRAIL</b> <del>SUITE #220</del> <b>BOCA RATON, FL 33431</b>		
2. Principal Place of Business  Suite, Apt. #, etc. <b>SUITE #206</b>		3. Mailing Address  Suite, Apt. #, etc. <b>SUITE #206</b>			
City & State 		City & State 		02032004 Chg-P CR2E034 (10/03)	
Zip 		Zip 		4. FEI Number <b>65-0535787</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>M &amp; W AGENTS, INC.</b> <b>2101 CORPORATE BLVD #107</b> <b>BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE CARLI, FRANCO 2500 N MILITARY TRAIL # 220 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS WEISBERG, ALAN JAY 2500 N MILITARY TRAIL # 220 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 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 <b>ALAN JAY WEISBERG</b>			Date <b>2/5/04</b> (561)443-3700 Daytime Phone #		