


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 586815
 1. Entity Name
 G.M.P. GREEN HAVEN, INC.



Principal Place of Business
 2605 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134

Mailing Address
 2605 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



07202007 No Chg-P CR2E034 (11/05)

4. FEI Number
 00-0000000 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VASALLO, CHRISTOPHER D ESQ
 C/O TRESMOTT, DRUCKER & VASALLO, P.L.
 2605 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134

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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 reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WONG, CHRISTOPHER A 123-40 83 AVENUE, #7E KEW GARDENS, NY 11415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WONG, MILLICENT 11462 S.W. 124 PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WONG, PEARL 11462 S.W. 124 PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WONG, ANDREA 2100 LEE HIGHWAY, #526 ARLINGTON, VA 22201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WONG, NATALIE A 765 VINCA COURT ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/24/07-80009-004 150.00

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: Christopher A. Wong, PD 7/20/07 212-208-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #