2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2005 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
1. Entity Nam	MENT # 616379 GREENE, INC.				Sec	retary	of State	
Principal Place of Business 1201 S OCEAN DR SUITE 1711S HOLLYWOOD, FL 33019 US		M: iling Address 1 201 S OCEAN DR S JITE 1771S HOLLYWOOD, FL 33019 US						
DO NOT WRITE IN THIS SPA			CE	07022005 No Chg-P CR2E034 (10/03)				
	6. Name and Address of Cui rent R	egis ered Agent						
LOEB, EDWARD R 1220 ALFRED I DUPONT BLDG MIAMI, FL 33131			14		NOT W			
	named entity submits this state n ant for t	he purpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Fi	orida. I am fan	niliar with, and accept	
the obligat	ions of registered agent. Signature, hipsed or printed name of registe as work and	Agent signature required	when reinstating)		1			
FILE NOW!!! FEE IS \$550.(0 9. Election Campaign Find Due by September 7, 20(): Trust Fund Contribution			cing \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND D	IREC TORS			J			
TITLE NAME STREET ADDRESS CITY-ST-2IP	PD GREENE, CYNTHIA 1201 S OCEAN DR, #S1711 HOLLYWOOD, FL 33019				U000 07/05/0	00370239 5-80008-	021 550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					= · ·			

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 trustrie empowerer 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 acid ess, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPE OF PAINTED WAVE OF SIGNING OFFICER ON DIRECTOR

7/2/05

954-929-6617