2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90208 034 ***150.00 DOCUMENT #F11228 1. Entity Name GREEN PLACE INTERNATIONAL, INC. Mailing Address Principal Place of Business C/O B.V. MAZZEO& CO., CPA'S C/O B.V. MAZZEO& CO., CPA'S 13501 SW 128 ST., STE 103 13501 SW 128 ST., STE 103 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E034 (12/06) Chg-P City & State City & State 4. FEt Number Applied For 59-2060115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OPPENHEIM, STEVEN Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVE., STE 1107 MIAMI, FL 33131 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Delete TITLE ☐ Change Addition RIBA, ANTONIO NAME NAME 13501 SW 128 ST STE 103 STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CHY-ST-7IP CITY-ST-7IP Addition ☐ Belete TITLE Change TITLE RIBA, RAMON NAME NAME 13501 SW 128 ST. STE 103 STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE S **A**Change ☐ Addition OPPENHEIM, STEVEN NAME NAME STREET ADDRESS 800 BRICKELL AVE, STE 1107 STREET ADDRESS MIAMI, FL 33131 City-St-7IP CITY-ST-ZIP Addition TITLE ☐ Detete TITLE ☐ Change BAROSS, IMRE 6400 CARRIER DRIVE NAME NAME STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 reference or trustee empewered 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.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Addition

Addition

☐ Change

☐ Change

FILED