

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90004 026 ***150.00

DOCUMENT # K36684 1. Entity Name GREEN SUN ENTERPRISES, INC.								
<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: none;">Principal Place of Business</td> <td style="width: 30%; border: none;">Mailing Address</td> <td style="width: 40%; border: none;"></td> </tr> <tr> <td style="border: none;"> 2408 SW 137 AVE MIAMI, FL 33175 </td> <td style="border: none;"> 12253 SW 28 Terr US Miami, FL 33175 </td> <td style="border: none;"> 12253 SW 28 TERRACE MIAMI, FL 33175 US </td> </tr> </table>			Principal Place of Business	Mailing Address		2408 SW 137 AVE MIAMI, FL 33175	12253 SW 28 Terr US Miami, FL 33175	12253 SW 28 TERRACE MIAMI, FL 33175 US
Principal Place of Business	Mailing Address							
2408 SW 137 AVE MIAMI, FL 33175	12253 SW 28 Terr US Miami, FL 33175	12253 SW 28 TERRACE MIAMI, FL 33175 US						
DO NOT WRITE IN THIS SPACE								
2. Name and Address of Current Registered Agent OLIVA, RUBEN, ESQ. 2250 SOUTHWEST 98th AVENUE, THIRD FLOOR MIAMI, FL 33129 80 S.W. 8 St Suite 1900 Miami, FL, 33130		DO NOT WRITE IN THIS SPACE						
3. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	4. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS								
TITLE	PD							
NAME	OLIVA, ROLAND							
STREET ADDRESS	12253 SW 28TH TERR							
CITY-ST-ZIP	MIAMI, FL 331759916							
TITLE	SD							
NAME	OLIVA, RAQUEL							
STREET ADDRESS	12253 SW 28TH TER							
CITY-ST-ZIP	MIAMI, FL 331752219							
TITLE								
NAME								
STREET ADDRESS								
CITY-ST-ZIP								
TITLE								
NAME								
STREET ADDRESS								
CITY-ST-ZIP								
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: <u><i>Roland Oliva</i></u> <u><i>Raquel Oliva</i></u> <u><i>04/30/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>								