2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Apr 06, 2007 8:00 am Secretary of State 04-06-2007 90033 024 ***150.00 DOCUMENT # M95032 1. Entity Name U.S. GREENS CORPORATION 40021000 Principal Place of Business Mailing Address 3004 NW 79 AVE 3004 NW 79 AVE MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0071749 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, GEORGE F Street Address (P.O. Box Number is Not Acceptable) 3004 NW 79TH AVE MIAMI, FL 33122 City Zin Code F١ 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F ☐ Change NAME FERNANDEZ, NIVIA NAME STREET ADDRESS 9071 NW 190 ST STREET ADDRESS MIAMI LAKES, FL 33018 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME FERNANDEZ, GEORGE F SR STREET ADDRESS 9071 NW 190 ST STREET ADDRESS MIAMI LAKES, FL 33018 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FERNANDEZ, GEORGE JR NAME NAME STREET ADDRESS 9071 NW 190 ST STREET ADDRESS MIAMI LAKES, FL 33018 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this litting 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 occurate 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 oppowered.

TED NAME OF SIGNING OFFICER

FILED

Daytime Phone #