

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006822

FILED
Jul 10, 2004
Secretary of State**Entity Name:** GREENFROG AMAZON FOUNDATION, INC.**Current Principal Place of Business:**9200 S DAELAND BLVD
218
MIAMI, FL 33156**New Principal Place of Business:**3929 PONCE DE LEON BLVD.
SECOND FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**1940 HARRISON STREET
SUITE 300
HOLLYWOOD, FL 33020**New Mailing Address:**3929 PONCE DE LEON BLVD.
SECOND FLOOR
CORAL GABLES, FL 33134**FEI Number:** 65-1102012**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FILHO, LILIANE S
9200 S DADELAND BLVD
STE 218
MIAMI, FL 33156**Name and Address of New Registered Agent:**FILHO, LILIANE S
3929 PONCE DE LEON BLVD.
SECOND FLOOR
CORAL GABLES, FL 33134

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.

SIGNATURE: _____

07/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SOUZA-FILHO, MAURO
Address: 9200 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156**Title:** VTSD () Delete
Name: SOUZA-FILHO, LILIANE RIQUE
Address: 9200 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156**Title:** D () Delete
Name: SOUZA-FILHO, HERNAN
Address: 9200 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: SOUZA-FILHO, MAURO
Address: 3929 PONCE DE LEON BLVD. SECOND FLOOR
City-St-Zip: CORAL GABLES, FL 33134**Title:** VTSD (X) Change () Addition
Name: SOUZA-FILHO, LILIANE RIQUE
Address: 3929 PONCE DE LEON BLVD. SECOND FLOOR
City-St-Zip: CORAL GABLES, FL 33134**Title:** D (X) Change () Addition
Name: SOUZA-FILHO, HERNAN
Address: 3929 PONCE DE LEON BLVD. SECOND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURO SOUZA-FILHO

PD

07/10/2004

Electronic Signature of Signing Officer or Director

Date