


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006822 1. Entity Name GREENFROG AMAZON FOUNDATION, INC.	
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Principal Place of Business 3929 PONCE DE LEON BLVD. SECOND FLOOR CORAL GABLES, FL 33134	Mailing Address 3929 PONCE DE LEON BLVD. SECOND FLOOR CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1102012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FILHO, LILIANE S
3929 PONCE DE LEON BLVD.
SECOND FLOOR
CORAL GABLES, FL 33134

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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUZA-FILHO, MAURO 3929 PONCE DE LEON BLVD. SECOND FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD SOUZA-FILHO, LILIANE RIQUE 3929 PONCE DE LEON BLVD. SECOND FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUZA-FILHO, HERNAN 3929 PONCE DE LEON BLVD. SECOND FLOOR CORAL GABLES, FL 33134
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04/13/05-80101-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  **4-9-05** **305.441.0701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #