2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 02, 2004 08:00 AM Secretary of State

DOCUMENT	#	P00000047699
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1. Entity Name

GREENCODE TECHNOLŌGIES, INC.

Principal Place of Business 410 CONSERVATION DR

WESTON, FL 33327

Mailing Address

410 CONSERVATION DR WESTON, FL 33327



01242004

No Cha-P

CR2E034 (10/03)

4. FEI Number 65-1007584 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

ANTON, JOSE L 410 CONSERVATION SR WESTON, FL 33327

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The above named entity submits this statement for the purpose the obligations of registered agent.	of changing its registere	d office or registere	d agent, or both, in th	e State of Florida.	l am familiar with	i, and accept
SIGNATURE			. 3 ₈ 4 <u>5</u> 64	<u> </u>		<u></u>

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 331).E NAME ANTON, JOSE L 410 CONSERVATION DR STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 BHE ANTON, ODALYS E NAME 410 CONSERVATION DR STREET ADDRESS WESTON, FL 33327 CITY-ST-ZIP TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALLE STREET ADDRESS CITY-ST-ZIP TITLE

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12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the received 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: 4

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17600

Cayline Phone #