

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90091 002 \*\*\*150.00

**66419203**



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                     |                                                                                                                     |                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000056509</b><br>1. Entity Name<br><b>GREEN VALLEY INTERNATIONAL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                     |                                                                                                                     |                                                                   |  |
| Principal Place of Business<br><b>3100 N.W. 72ND AVENUE<br/>UNIT 121<br/>MIAMI, FL 3312</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                     | Mailing Address<br><b>3100 N.W. 72ND AVENUE<br/>UNIT 121<br/>MIAMI, FL 3312</b>                                     |                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    | 3. Mailing Address  |                                                                                                                     |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    | Suite, Apt. #, etc. |                                                                                                                     |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | City & State        |                                                                                                                     |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country                                            | Zip                 | Country                                                                                                             |                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                     |                                                                                                                     | 7. Name and Address of New Registered Agent                       |  |
| PEEBLES, TATIANA<br>3100 NW 72ND AVENUE #121<br>MIAMI, FL 33122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                     |                                                                                                                     | Name                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                     |                                                                                                                     | Street Address (P.O. Box Number is Not Acceptable)                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                     |                                                                                                                     | City                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                     |                                                                                                                     | FL Zip Code                                                       |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                     |                                                                                                                     |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D PEEBLES, TATIANA <input type="checkbox"/> Delete |                     | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PEEBLES, TATIANA                                   |                     | NAME                                                                                                                |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8100 NW 72ND AVENUE #121                           |                     | STREET ADDRESS                                                                                                      |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MIAMI, FL 33122                                    |                     | CITY-ST-ZIP                                                                                                         |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                    |                     | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                     | NAME                                                                                                                |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                     | STREET ADDRESS                                                                                                      |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                     | CITY-ST-ZIP                                                                                                         |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                    |                     | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                     | NAME                                                                                                                |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                     | STREET ADDRESS                                                                                                      |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                     | CITY-ST-ZIP                                                                                                         |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                    |                     | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                     | NAME                                                                                                                |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                     | STREET ADDRESS                                                                                                      |                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                     | CITY-ST-ZIP                                                                                                         |                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 receiving power of attorney 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 to an address, without or like empowered. |                                                    |                     |                                                                                                                     |                                                                   |  |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                     | 0/2004 205 591 9105<br>Date Daytime Phone #                                                                         |                                                                   |  |