2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2005 08:00 AM Secretary of State

DOCUMENT # P000 1. Entity Name GREEN - GO ENTERPRISE									
Principal Place of Business	Mailing Address 1629 ORCHID BEND WESTON, FL 33327								

			7 100 0,000	01172005 No Chg-P CR2E034 (10/03)				
			01172005					
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-1033			Applied For Not Applicable			
			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current Regis	tered Agent						
FORTUNE, SCOTT — 1629 ORCHID BEND WESTON, FL 33327		DO NOT WRITE IN THIS SPACE						
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or re	agistered agent, or both	i, in the State of Florida.	I am familia	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and little	if applicable (NOTE Registered	Agent signalure	required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS		······································				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANIZO-FORTUNE, LOURDES 1629 ORCHID BEND WESTON, FL 33327	- · ·			₩000\ 0 \$	יניטי		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORTUNE, SCOTT 1629 ORCHID BEND WESTON, FL 33327		2017 A.I	U00000185971 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN T	'HIS SPA	CE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		===					÷	

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 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.

954-914-6247