FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)			May 13, 2002 6:00 am	
DOCUMENT # P0100001072			Secretary of State	
1. Entity Name CENTRAL Florida Green, INC.			05-15-2002 90068 040 ***150.00	
CENTRAL TORIDA GREEN, INC.				
DO NOT WRITE IN THIS SPACE			• •	
2. Principal Place of Business 3. Mailing Address			-	
118 West Orange St 118 West Orange St Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WAITE IN THIS SPA	
City & State Altamoute Springs, FL	City & State Altamoute	500 00- 51	4. FEI Number 59 - 3688433	Applied For Not Applicable
Zip Country 3	Zip	Country J. I		3.75 Additional
32714 USA	32714	USA	Fee	Required
		Name	7. Name and Address of Current Registered Ag	jent
DO NOT WRITE Street Address (F			P.O. Box Number is Not Acceptable)	
IN THIS SPACE		118 W	118 West ORANGE St	
114 11110 017				
		City	oute Springs FL	Zip Code
8. The above named entity submits this statement for the	ne purpose of changing its r	registered office or registe	red agent, or both, in the State of Florida.	
SIGNATURE & Jesus Caroblanco			4/29	62
Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			10. Election Campaign Financing	\$5.00 May Be
		UBR is \$61.25	Trust Fund Contribution.	Added to Fees
11. OFFICERS AND DI	<u> </u>			
MALE PSTD		TITLE		2/01
NAME STREET ADDRESS 118 WEST DRANGES	; : t-	STREET ADDRESS		B (1)
Altamonte Speings	FL 32714	CITY-ST-ZIP		RZE034B (12/01)
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13. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: \(\sigma\frac{1}{2}\epsilon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>Cerroblanco</u>

4/24/62