

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000009126					
1. Entry Name GREENSBORO BUILDING, INC.					
Principal Place of Business 3232 NW 62ND LANE BOCA RATON FL 33496		Mailing Address 3232 NW 62ND LANE BOCA RATON FL 33496			
		<i>ATTN: ANDREW SNEIDER</i>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip		Country	
		1st MOORE		CR2E034 (10/05)	
		4. FET Number 65-1078756		Applied For Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEUTSCH, STEVEN W ESQ 7805 SW 6TH COURT PLANTATION FL 33324			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 transferring) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	SNEIDER, ANDREW I		NAME		
STREET ADDRESS	3232 NW 62 LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP	1100000422153 02/17/06-80004-002 150.00	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 exemptions contained in Section 119, 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.					
SIGNATURE: <i>Andrew Snider</i>		Date: 2-1-06		Deceased Phone # 954-255-8790	