

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Mar 22, 2004 8:00 am
Secretary of State

03-09-2004 90060 036 ***150.00

DOCUMENT # P01000109057																																								
1. Entity Name ONE GREENER DESTINY INC.																																								
Principal Place of Business 15060 SW 104TH ST., SUITE 1622 MIAMI, FL. 33196			Mailing Address 15060 SW 104TH ST., SUITE 1622 MIAMI, FL 33196																																					
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																					
City & State			City & State																																					
Zip		Country		Zip																																				
Country		4. FEI Number 05-1154009																																						
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																				
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																								
6. Name and Address of Current Registered Agent Emmanuel Cajayon 16049 SW 103 Lane Miami, FL 33196			7. Name and Address of New Registered Agent 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: <u>Emmanuel Cajayon</u> (NOTE: Registered Agent's signature is required when releasing) DATE: <u>03/03/04</u>																																								
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS																																								
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																								
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>Emmanuel Cajayon</u> DATE: <u>03/03/04</u> (305) 380-0268																																								

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