


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90004 038 ***155.00

DOCUMENT # P02000002371

1. Entity Name
GREENVIEW COURTYARD INC.



Principal Place of Business
**719 MERIDIAN AVE.
 UNIT #2
 MIAMI BEACH, FL 33139**

Mailing Address
**719 MERIDIAN AVE.
 UNIT #2
 MIAMI BEACH, FL 33139**

2. Principal Place of Business
1225 ALTON ROAD

3. Mailing Address
1225 ALTON ROAD

Suite, Apt. #, etc.



07162004 Chg-P CR2E034 (10/03)

City & State
MIAMI BEACH - FLORIDA

City & State
MIAMI BEACH - FLORIDA

Zip
33139

Country
USA

Zip
33139

Country
USA

4. FEI Number
01-0575586

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARARI, PHILIPPE
 719 MERIDIAN AVE. #2
 MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name
HARARI, PHILIPPE

Street Address (P.O. Box Number is Not Acceptable)
1225 ALTON ROAD

City
MIAMI BEACH

FL Zip Code
33139

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 *Philippe* **PHILIPPE HARARI** *P CEO* **P CEO** *07/15/04* **07/15/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HARARI, PHILIPPE 719 MERIDIAN AVE., #2 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARARI, PHILIPPE 719 MERIDIAN AVE., #2 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HARARI, PHILIPPE 1225 ALTON ROAD MIAMI BEACH - FLORIDA-33139	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARARI, PHILIPPE 1225 ALTON ROAD MIAMI BEACH, FL-33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Philippe* **PHILIPPE HARARI** *07/15/04* **07/15/04** *3052835151* **3052835151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #