

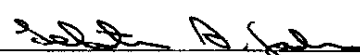


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90021 039 \*\*\*150.00

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # P02000022447</b>  |   |  |   |   |  |
| <b>1. Entity Name</b><br>WEST PALM GREEN, INC.  |   |  |   |  |  |
| <b>Principal Place of Business</b><br>4676 KELMAR DRIVE<br>WEST PALM BEACH FL 33415   |   |  | <b>Mailing Address</b><br>PO BOX 18047<br>WEST PALM BEACH FL 33416  |  |  |
| <b>2. Principal Place of Business</b><br>2015 BONNIE DRIVE<br>Suite, Apt. #, etc.   |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc. |   |   |  |
| <b>City &amp; State</b><br>WEST PALM BEACH, FL  |   | <b>City &amp; State</b>                          |   | <b>4. FEI Number</b> 02-0563709 <span style="float: right;"><input type="checkbox"/> Applied For</span>                              |  |
| <b>Zip</b> 33415 <b>Country</b> PALM BEACH  |   | <b>Zip</b> <b>Country</b>                        |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                               |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BLONCA, RAFAEL<br>4676 KELMAR DR 2015 BONNIE DRIVE<br>WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| <b>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.</b>  |   |  |   |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00.</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State.</b>   |   |  |   | <b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | DPT<br>BLANCA, RAFAEL CESAR<br>3440 HOLLYWOOD BLVD., STE. 300<br>HOLLYWOOD FL 33024 | <input type="checkbox"/> Delete                  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | 2015 BONNIE DRIVE<br>WEST PALM BEACH, FL 33415   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | DVS<br>GORDON, SEBASTIAN<br>3440 HOLLYWOOD BLVD., STE. 300<br>HOLLYWOOD FL 33024    | <input type="checkbox"/> Delete                  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | 2100 SPRINGDALE BLVD, APT. # 211<br>PALM SPRINGS FL 33461  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete                  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete                  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete                  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete                  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  |  |
| <b>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.</b> |   |  |   |  |  |
| <b>SIGNATURE:</b>  <b>SEBASTIAN A. GORDON</b> 02-15-2006 561 379-2281<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>  |   |  |   |  |  |