

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90194 035 ***150.00

DOCUMENT # P02000045338

1. Entity Name

GREEN SERVICE, INC.



Principal Place of Business

8550 W. FLAGLER ST.
#119
MIAMI FL 33144

Mailing Address

8550 W. FLAGLER ST.
#119
MIAMI FL 33144

2. Principal Place of Business

JUPITER, 17965 THELMA AVE #F

3. Mailing Address

JUPITER, 17965 THELMA AVE #F



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

F

Suite, Apt. #, etc.

F

City & State

JUPITER, Florida

City & State

JUPITER, FL

Zip

33458

Country

US

Zip

33458

Country

US

4. FEI Number

74-3040992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVEIRA, JOSE J
8550 W. FLAGLER ST.
#119
MIAMI FL 33144

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

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

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME NAVEIRA, JOSE J
STREET ADDRESS ING. AMORETTI 3404 CIUADELA
CITY-ST-ZIP BUENOS AIRES, ARGENTINA CP17

TITLE SVD ☐ Delete
NAME ASP, GUSTAVO A
STREET ADDRESS 3204 MORNIG GLORY CT #202
CITY-ST-ZIP WEST PALM BEACH FL 33402

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO ASP

Date

4/20/04 (561) 262-7807

Daytime Phone #