

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90014 014 ***150.00

DOCUMENT # P02000045338

1. Entity Name

GREEN SERVICE, INC.



Principal Place of Business

17965 THELMA AVE
F
JUPITER FL 33458

Mailing Address

8550 W. FLAGLER ST.
#119
MIAMI FL 33144



2. Principal Place of Business - No P.O. Box #

6003 PINE GROVE AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

JUPITER FL

City & State

4. FEI Number 74-3040992

Applied For

Not Applicable

Zip

33458

Country

US.

Zip

Country

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD	<input type="checkbox"/> Delete
NAME	NAVEIRA, JOSE J	
STREET ADDRESS	17965 THELMA AVE. #F	
CITY- ST- ZIP	JUPITER FL 33458	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ASP, GUSTAVO A	
STREET ADDRESS	17965 THELMA AVE. #F	
CITY- ST- ZIP	JUPITER FL 33458	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VILLORIA, ALEJANDRO F	
STREET ADDRESS	17965 THELMA AVE. #F	
CITY- ST- ZIP	JUPITER FL 33458	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ASP, JORGE E	
STREET ADDRESS	17965 THELMA AVE. #F	
CITY- ST- ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gustavo ASP

3/30/07

561-262-7807