

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90211 001 ***150.00
03-12-2004 90211 002 *****8.75

DOCUMENT # P02000054319					
1. Entity Name GREEN HEAVEN OF MIAMI INC					
Principal Place of Business 1735 SW 8 ST, STE. 1-A MIAMI, FL 33135 US			Mailing Address 1735 SW 8 ST, STE. 1-A MIAMI, FL 33135 US		
2. Principal Place of Business 1735 SW 8 ST		3. Mailing Address SAME			
Suite, Apt. #, etc. 1-A		Suite, Apt. #, etc. —			
City & State MIAMI, FL		City & State —			
Zip 33135		Country USA		Zip 33135	
Country USA		Country MIA-DADE		4. FEI Number 03-0453119	
6. Name and Address of Current Registered Agent SBARDELLA, RAIMUNDO 1236 COLLINS AVE #201 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name: RAIMUNDO SBARDELLA Street Address (P.O. Box Number is Not Acceptable): 1700 NW NORTH RIVER DRIVE Unit: 302 City: MIAMI FL Zip: 33125	
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: MARIAN SBARDELLA, VS Maria Sbardella DATE: 3/10/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SBARDELLA, RAIMUNDO 1236 ALTON ROAD #201 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAIMUNDO SBARDELLA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1735 SW 8 St, #1-A MIAMI, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SBARDELLA, MARIAN 1236 ALTON ROAD #201 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARIAN SBARDELLA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 NW NORTH RIVER DRIVE, #302 MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: Maria Sbardella					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

66405769



03102004 Chg-P CR2E034 (10/03)

4. FEI Number
03-0453119

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SBARDELLA, RAIMUNDO
1236 COLLINS AVE #201
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: RAIMUNDO SBARDELLA
Street Address (P.O. Box Number is Not Acceptable): 1700 NW NORTH RIVER DRIVE
Unit: 302
City: MIAMI FL Zip: 33125

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: MARIAN SBARDELLA, VS Maria Sbardella DATE: 3/10/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SBARDELLA, RAIMUNDO
1236 ALTON ROAD #201
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
SBARDELLA, MARIAN
1236 ALTON ROAD #201
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
RAIMUNDO SBARDELLA ☒ Change ☐ Addition
 1735 SW 8 St, #1-A
 MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
MARIAN SBARDELLA ☒ Change ☐ Addition
 1700 NW NORTH RIVER DRIVE, #302
 MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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: Maria Sbardella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #