

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90449 015 ***158.75

DOCUMENT # P02000056685

1. Entity Name
GREEN HILL ORCHIDS, INC.



Principal Place of Business
**C/O ANTOLIN DE COLLADO
8798 SW 8TH STREET, SUITE 1
MIAMI, FL 33174**

Mailing Address
**C/O ANTOLIN DE COLLADO
8798 SW 8TH STREET, SUITE 1
MIAMI, FL 33174**

50015112



DO NOT WRITE IN THIS SPACE

04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0447571

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEL COLLADO, ANTOLIN
8798 SW 8TH STREET
STE 1
MIAMI, FL 33174**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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	PD MANTELLINI, ARMANDO 8798 SW 8TH STREET, SUITE 1 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANTELLINI, MARIA 8798 SW 8TH STREET STE 1 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEL COLLADO, ANTOLIN 8798 SW 8TH STREET STE 1 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 #

Antolin del Collado, Secretary APR 21 2006 305-553-8904