

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

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**



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**U00000863047
04/03/08-80076-013 158.75**

10. OFFICERS AND DIRECTORS

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

MAR 14 2008

305-553-8904

Date

Daytime Phone #