

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000064681 1. Entity Name GREEN HORIZONS INC.	
--	---

Principal Place of Business 945 SW 87TH AVE MIAMI, FL 33174	Mailing Address 945 SW 87TH AVE MIAMI, FL 33174
---	---



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1640491	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTINEZ, JULIAN 1730 SW 137TH CT MIAMI, FL 33175

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 registering)	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	D MARTINEZ, JEFFREY 1829 SW 24TH ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JENNIFER 1829 SW 24TH ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JESSICA 1829 SW 24TH ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JULIAN O 945 SW 87TH AVE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000523985
05/03/06-80097-003 150.00

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: <i>Julian Martinez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/17/06 Date	(305) 267-1090 Daytime Phone #
---	---------------------------------------	---