

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90113 044 ***150.00

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1. Entity Name
GREEN FIELDS INTERNATIONAL CORPORATION



Principal Place of Business
**3585 MYSTIC POINTE DRIVE, SUITE A
AVENTURA, FL 33180**

Mailing Address
**3585 MYSTIC POINTE DRIVE, SUITE A
AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number
14-1853575

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRYN, MARK J
2 SOUTH BISCAYNE BLVD.
SUITE #2680
MIAMI, FL 33131**

**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, 2005 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
MARTINEZ, HECTOR MARCELO
3585 MYSTIC POINTE DRIVE, SUITE A
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
MARTINEZ, LISANDRO M
3585 MYSTIC POINTE DRIVE, SUITE A
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 life empowered.

SIGNATURE:

Hector M. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

3/18/05
Date

305792 2718
Daytime Phone #