2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000089455

Entity Name: THE GREEN PARROT OF CASSELBERRY, INC.

Current Principal Place of Business:

280 E SR 436 UNIT 29,30 & 31
CASSELBERRY, FL 32707

New Principal Place of Business:

280 SR 436 UNIT 29,30 & 31
CASSELBERRY, FL 32707

Current Mailing Address:

280 E SR 436 UNIT 29,30 & 31
CASSELBERRY, FL 32707

New Mailing Address:

280 SR 436 UNIT 29,30 & 31
CASSELBERRY, FL 32707

FEI Number: 06-1643115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIEIRA MARTINS, ADRIEL
280 E SR 436 UNIT 29,30 & 31
CASSELBERRY, FL 32707

Name and Address of New Registered Agent:

MARTINS, ADRIEL V
280 SR 436 UNIT 29,30 & 31
CASSELBERRY, FL 32707

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.

SIGNATURE: ADRIEL V MARTINS 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHAVES, JOHN SR
Address: 50 HUNTING RIDGE RD
City-St-Zip: EASTON, CT 06612

Title: S ( ) Delete
Name: CHAVES, TERESA
Address: 50 HUNTING RIDGE RD
City-St-Zip: EASTON, CT 06612

Title: V ( ) Delete
Name: CHAVES, MARLENE
Address: 50 HUNTING RIDGE RD
City-St-Zip: EASTON, CT 06612

Title: V ( ) Delete
Name: CHAVES, JOHN JR
Address: 50 HUNTING RIDGE RD
City-St-Zip: EASTON, CT 06612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CHAVES P 04/30/2004
Electronic Signature of Signing Officer or Director Date