

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN 11 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000110585

1. Entity Name
GREENEGLOBE INVESTMENTS INC.



Principal Place of Business
2211 S.E. RAMSDALE DRIVE
PALM BAY, FL 32909

Mailing Address
2211 S.E. RAMSDALE DRIVE
PALM BAY, FL 32909



06022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0492259
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JCHPA REGISTERED AGENTS INC.
2730 SW 3 AVENUE
SUITE 401
MIAMI, FL 33129

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GREENE, ALISTAIR
STREET ADDRESS	2211 S.E. RAMSDALE DRIVE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200037949872
06/15/04--01015--021 **550.00

**DO NOT WRITE
IN THIS SPACE**

Vzm
6/11/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alistair Greene ALISTAIR GREENE 06/08/04 (321) 726-6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #