


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91029 027 \*\*\*158.75

<b>DOCUMENT # P02000113711</b> 1. Entity Name <b>GREENER PASTURES TRADING, INC.</b>					
Principal Place of Business <b>5800 NW 74TH AVE., #201</b> <b>MIAMI, FL 33166</b>				Mailing Address <b>5800 NW 74TH AVE., #201</b> <b>MIAMI, FL 33166</b>	
2. Principal Place of Business <b>5800 NW 74th AVE</b>		3. Mailing Address <b>5800 NW 74th AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami, Florida 33166</b>		City & State <b>Miami, Florida</b>		4. FEI Number <b>57-1138478</b>	
Zip <b>33166</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ, JUAN</b> <b>5800 NW 74TH AVE., #201</b> <b>MIAMI, FL 33166</b>		7. Name and Address of New Registered Agent Name <b>JUAN DIAZ, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>5800 Northwest 74th Ave</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33166</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BARED, JOSE P.</b> <b>5800 NW 74TH AVE., #201</b> <b>MIAMI, FL 33166</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>"Delete # 201"</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BARED, MAURICE E</b> <b>5800 NW 74TH AVE., #201</b> <b>MIAMI, FL 33166</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Executive Vice President</b> <b>"Delete # 201"</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BARED, CARLOS</b> <b>5800 NW 74TH AVE., #201</b> <b>MIAMI, FL 33166</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President</b> <b>"Delete # 201"</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President / General Counsel</b> <b>Juan Diaz</b> <b>5800 NW 74th Ave</b> <b>Miami, Florida 33166</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
<b>SIGNATURE:</b> <u>Juan Diaz, Vice President / General Counsel</u> <b>April 26, 2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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