2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90242 045 ***158.75

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04282006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000113711

1. Entity Name
GREENER PASTURES TRADING, INC.

Principal Place of Business	Mailing Address
5800 NW 74TH AVE. MIAMI, FL 33166	5800 NW 74TH AVE. MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 57-1138478 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, JUAN ESQ. 5800 NW 74TH AVE. MIAMI, FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BARED, JOSE P	NAME	
STREET ADDRESS	5800 NW 74TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE	EXEV ☒ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME	BARED, MAURICE E	NAME	Becky Brown
STREET ADDRESS	5800 NW 74TH AVE.	STREET ADDRESS	5800 Northwest 74th Ave
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	Miami, FL 33166
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARED, CARLOS	NAME	
STREET ADDRESS	5800 NW 74TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE	SVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIAZ, JUAN	NAME	
STREET ADDRESS	5800 NW 74TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Juan Diaz Sr. Vice President/General counsel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #