
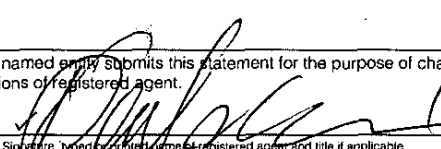
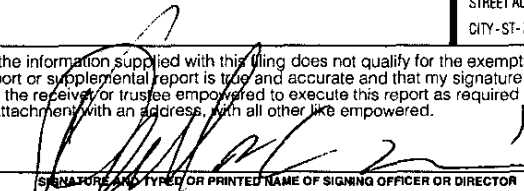


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90415 046 ***150.00

DOCUMENT # P03000026598 1. Entity Name GREEN VALLEY, INC.																													
Principal Place of Business 1801 S.E. 2ND TERR. CAPE CORAL, FL 33990			Mailing Address 1801 S.E. 2ND TERR. CAPE CORAL, FL 33990																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				Name PAUL KIM Street Address (P.O. Box Number is Not Acceptable) 3380 FRED GEORGE RD #8-809 City TALLAHASSEE FL Zip Code 32303																									
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees -																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">TITLE</td> <td style="width:70%; padding: 2px;">PSTD</td> <td style="width:20%; text-align: right; padding: 2px;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">WOO, SIN J</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1801 S.E. 2ND TERR.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">CAPE CORAL, FL 33990</td> <td></td> </tr> </table>			TITLE	PSTD	<input checked="" type="checkbox"/> Delete	NAME	WOO, SIN J		STREET ADDRESS	1801 S.E. 2ND TERR.		CITY-ST-ZIP	CAPE CORAL, FL 33990		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">TITLE</td> <td style="width:70%; padding: 2px;">B PAUL KIM</td> <td style="width:20%; text-align: right; padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">3380 FRED GEORGE RD #8-809</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">TALLAHASSEE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">FL 32303</td> <td></td> </tr> </table>			TITLE	B PAUL KIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	3380 FRED GEORGE RD #8-809		STREET ADDRESS	TALLAHASSEE		CITY-ST-ZIP	FL 32303	
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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.																													
SIGNATURE:  Date: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													