

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047014

Entity Name: GREENDAY CORPORATION

FILED  
Jun 30, 2008  
Secretary of State

## Current Principal Place of Business:

2709 SWAMP CABBAGE CT., STE. 100  
FT. MYERS, FL 33901

## New Principal Place of Business:

2709 SWAMP CABBAGE CT.  
100  
FT. MYERS, FL 33901

## Current Mailing Address:

2709 SWAMP CABBAGE CT., STE. 100  
FT. MYERS, FL 33901

## New Mailing Address:

1016 ALVIN AVENUE  
LEHIGH ACRES, FL 33971

FEI Number: 20-0022286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E. SAMPLE RD.  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

JOAO C ALVES  
1016 ALVIN AVENUE  
LEHIGH ACRES, FL 33971 US

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: JOAO ALVES

06/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALVES, JOAO C  
Address: 1016 ALVIN AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition  
Name: ZARATE CARTAS, ISABEL  
Address: 1016 ALVIN AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Change (X) Addition  
Name: ZARATE CARTAS, ISIDORO  
Address: 1016 ALVIN AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOAO C ALVES

PD

06/30/2008

Electronic Signature of Signing Officer or Director

Date