2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/1

FILED
Aug 20, 2004 8:00 am
Secretary of State
07-19-2004 90017 031 ***150.00

DOCUMENT # P03000057993

1. Entity Name
GREEN THUMB CONCEPTS INC.

Principal Place of Business	Mailing Address
5130 NE 14TH TERRACE FORT LAUDERDALE, FL 33334	5130 NE 14TH TERRACE FORT LAUDERDALE, FL 33334

08302004 Chg-P CR2E034 (10/03)

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 90-0098688 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEIN, JARED N
5130 NE 14TH TERRACE
FORT LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent
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 $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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jared Stein 5130 NE 14th Terrace Fort Lauderdale, FL 33334 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Jared N Stein — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 12, 2004 (Date) 954-655-7164 (Daytime Phone #)

ATTACHMENT

66432829

MADISON C.P.A., P.A. **Certified Public Accountant**

Post Office Box 11012
Fort Lauderdale, FL 33339

2701 East Oakland Park Boulevard, Suite C
Fort Lauderdale, FL 33306
Phone (954) 561-8959
Fax (954) 561-8190

Florida Dept of State

Re: Green Thumb Concepts Inc.
P03000057993

This letter is in response to notice dated August 3, 2004. The requested information has been filled in and enclosed for your records. If you have any questions, please call.

Thank you,

Cindy Hodges

Enc: Copy of notice
Annual report 2004