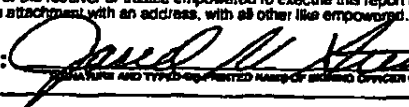


FILED
Aug 20, 2004 8:00 am
Secretary of State

07-19-2004 90017 031 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

7/1

DOCUMENT # P03000057993			
1. Entity Name GREEN THUMB CONCEPTS INC.			
Principal Place of Business 5130 NE 14TH TERRACE FORT LAUDERDALE, FL 33334		Mailing Address 5130 NE 14TH TERRACE FORT LAUDERDALE, FL 33334	
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		7. Name and Address of New Registered Agent	
STEIN, JARED N 5130 NE 14TH TERRACE FORT LAUDERDALE, FL 33334		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 _____ DATE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when requested)			
FILE NOW!! FEB 18 \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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: 		Date: July 12, 2004 959-655-7164	
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR			

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