
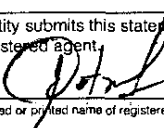


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90174 011 ***150.00

DOCUMENT # P03000091429 1. Entity Name THE GREEN LIGHT DELIVERY SERVICES CORP																							
Principal Place of Business 8051 NW 36 ST STE 618 MIAMI, FL 33166			Mailing Address 8051 NW 36 ST STE 618 MIAMI, FL 33166																				
2. Principal Place of Business 1001 SW 105 AVE		3. Mailing Address 4315 NW 7 ST																					
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. #51																					
City & State MIAMI FL		City & State MIAMI FL																					
Zip 33174		Country USA		Zip 33126																			
Country USA		Country USA																					
6. Name and Address of Current Registered Agent COTRINA, ELMER ULICES 8051 NW 36 ST STE 618 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name COTRINA ELMER ULICES Street Address (P.O. Box Number is Not Acceptable) 1001 SW 105 AVE #104 City MIAMI FL Zip Code 33174																				
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:  ELMER U. COTRINA REGISTERED AGENT 04/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE P</td> <td style="width:40%;">NAME COTRINA, ELMER ULICES</td> <td style="width:30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS 8051 NW 36 ST STE 618</td> </tr> <tr> <td colspan="3">CITY-ST-ZIP MIAMI, FL 33166</td> </tr> </table>			TITLE P	NAME COTRINA, ELMER ULICES	Delete <input type="checkbox"/>	STREET ADDRESS 8051 NW 36 ST STE 618			CITY-ST-ZIP MIAMI, FL 33166			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE P</td> <td style="width:40%;">NAME COTRINA ELMER U.</td> <td style="width:30%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS 1001 SW 105 AVE #104</td> </tr> <tr> <td colspan="3">CITY-ST-ZIP MIAMI FL 33174</td> </tr> </table>			TITLE P	NAME COTRINA ELMER U.	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS 1001 SW 105 AVE #104			CITY-ST-ZIP MIAMI FL 33174		
TITLE P	NAME COTRINA, ELMER ULICES	Delete <input type="checkbox"/>																					
STREET ADDRESS 8051 NW 36 ST STE 618																							
CITY-ST-ZIP MIAMI, FL 33166																							
TITLE P	NAME COTRINA ELMER U.	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
STREET ADDRESS 1001 SW 105 AVE #104																							
CITY-ST-ZIP MIAMI FL 33174																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE V</td> <td style="width:40%;">NAME HURTADO, MARIA G</td> <td style="width:30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS 8051 NW 36 ST STE 618</td> </tr> <tr> <td colspan="3">CITY-ST-ZIP MIAMI, FL 33166</td> </tr> </table>			TITLE V	NAME HURTADO, MARIA G	Delete <input type="checkbox"/>	STREET ADDRESS 8051 NW 36 ST STE 618			CITY-ST-ZIP MIAMI, FL 33166			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE V</td> <td style="width:40%;">NAME HURTADO, MARIA G</td> <td style="width:30%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS 1001 SW 105 AVE #104</td> </tr> <tr> <td colspan="3">CITY-ST-ZIP MIAMI FL 33174</td> </tr> </table>			TITLE V	NAME HURTADO, MARIA G	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS 1001 SW 105 AVE #104			CITY-ST-ZIP MIAMI FL 33174		
TITLE V	NAME HURTADO, MARIA G	Delete <input type="checkbox"/>																					
STREET ADDRESS 8051 NW 36 ST STE 618																							
CITY-ST-ZIP MIAMI, FL 33166																							
TITLE V	NAME HURTADO, MARIA G	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
STREET ADDRESS 1001 SW 105 AVE #104																							
CITY-ST-ZIP MIAMI FL 33174																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">CITY-ST-ZIP</td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">CITY-ST-ZIP</td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">CITY-ST-ZIP</td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">CITY-ST-ZIP</td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">CITY-ST-ZIP</td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">CITY-ST-ZIP</td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELMER U. COTRINA
PRESIDENT

Date

Daytime Phone #

04/14/04 **(04)** **2165242**