2004 FOR PROFIT CORPORATION - -

FILED May 06, 2004 8:00 am Secretary of State 05-06-2004 90174 011 ***150.00

DOCUMENT # P0300091429 1. Entity Name THE GREEN LIGHT DELIVERY SERVICES CORP			05-06-2004	90174 011 ***150.00
8051 NW 36 ST STE 618	failing Address 3051-NW-36-ST-STE-618- WAMI, FL -33166			
2. Principal Place of Business 1001 Sew 101 Act 3.	Mailing Address 431	751		
7007	Suite, Apt. #, etc.		. 04122004 Chg-P	CR2E034 (10/03)
City & State AMI AMI FL	City & State MIAMI	FL	4. FEI Number 20-0184	3 9/ Applied For Not Applicable
33174 Country 05A 3		Country 5 A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Regis COTRINA, ELMER ULICES 1051 NW 38 ST STE 618 MAMI, FL 33166	stered Agent	Name COTRIA Street Address (7. Name and Address of New Re	ULISES
m/\wi, = 33.100		#104		- Zin Codo
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its reg	City // A-/ gistered office or register ELM E R	y パ red agent, or both, in the State of Flo <i>U - COTNINO</i>	rida. I am familiar with, and accept
SIGNATURE Signature, typed or priviled name of registered agent and title	e if applicable. (NOTE: Re	REGISTE egistered Agent signature required	NED 13 CEW	04/14/04 DATE 1
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		.00 May Be led to Fees	
ITLE P COTRINA, ELMER ULICES TREET ADDRESS 0051 NW 36 ST STE 618 ITY-ST-ZIP MIAMI, FL 33166	CTORS Delate	NAME / U U STREET ADDRESS CITY-ST-ZIP	iami Fli	E #1014 33174
ILE V AME HURTADO, MARIA G TREET ADDRESS ITY-ST-ZIP MIAMI, FL 33166	☐ Delete	NAME STREET ADDRESS 10	PRTADO MARI OI SW 105 AUG PMI FL 3:	= #IOX
TLE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷ =	☐ Change ☐ Addition
TLE AME IREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TLE AME TREET ADDRESS ITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change . ☐ Addition
12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers changed, or on an attachment with an address, with/a	filing does not qualify for the and accurate and that my ad to execute this report as all other like empowered.	required by Chapter 60	7, Florida Statutes; and that my name <i>ひ、COTRINA</i>	e appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTE	ED NAME OF SIGNING OFFICER OR	PRESIDE	DOT 04/14	1/0 X (307)3/6 57