2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099405

Address:

City-St-Zip:

Entity Name: GREEN PACKAGING SOLUTIONS, INC.

FILED Sep 08, 2004 Secretary of State

| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
|---|---|---|---|----------------------------------|--|--|
| 18632 S.W SUITE 5 MIAMI, FL | /. 105TH AVE 33157 | NUE | | | | |
| Current M | lailing Addre | ss: | New Maili | ng Address | : | |
| 18632 S.W SUITE 5 MIAMI, FL | /. 105TH AVE 33157 | NUE | | | | |
| FEI Number: | : 41-2108786 | FEI Number Applied For() | FEI Number Not Appl | icable () | Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and | Address of | New Registered Agent: | |
| 18632 S.W SUITE 5 | T-JONES, JO /. 105TH AVE 33157 US | | | | | |
| | named entity of Florida. | submits this statement for the | purpose of changing i | ts registered | office or registered agent, or both, | |
| SIGNATU | | | | | | |
| | Electro | nic Signature of Registered Ag | ent | | Date | |
| | | 93(2)(b), F.S., the corporation did n ng Trust Fund Contribution (). | ot receive the prior notic | e. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | | |
| Title: Name: Address: City-St-Zip: | NEWPORT-JO | D5TH AVENUE, SUITE 5 | Title: Name: Address: City-St-Zip: | 1 | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | GASPARINI, F | D5TH AVENUE, SUITE 5 | Title: Name: Address: City-St-Zip: | 1 | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | (|) Delete | Title: Name: Address: City-St-Zip: | GALVEZ, PA | ()Change(X)Addition UL W SALES V 105TH AVENUE, SUITE 5 3157 | |
| Title: Name: | (|) Delete | Title: Name: | | () Change (X) Addition JARDO S SECTY | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: JORGE NEWPORT-JONES P 09/08/2004

18632 S.W. 105 AVENUE

MIAMI, FL 33157