

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90214 022 ***150.00

DOCUMENT # P04000021254 1. Entity Name GREEN ISLAND OF BREVARD, INC.					
Principal Place of Business 845 HANAU AVE NW PALM BAY, FL 32907			Mailing Address 845 HANAU AVE NW PALM BAY, FL 32907		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0676039	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TALEB, HAITHAM 845 HANAU AVE NW PALM BAY, FL 32907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	S TALEB, HAITHAM 845 HANAU AVE NW PALM BAY, FL 32907	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Taleb, Haitham 845 Hanau Ave NW Palm Bay FL 32907
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT Dib, Hiam 845 Hanau Ave NW Palm Bay FL 32907	☐ Change ☒ Addition	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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☐ Change ☐ Addition		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: _____ Haitham Taleb Pres 1/18/05 956-9952 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					