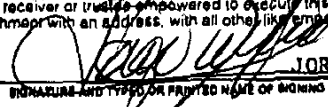


APR-27-07 05:46 PM

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90001 007 ***150.00

DOCUMENT # P04000065713					
1. Entity Name GREEN GROWERS TRANSPORT, INC.					
Principal Place of Business 5531 NW 82ND AVE MIAMI, FL 33166			Mailing Address 5531 NW 82ND AVE MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2443339	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELFINO, JORGE F 5531 NW 82ND AVE MIAMI, FL 33166			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DELFINO, JORGE F		NAME		
STREET ADDRESS	9872 S.W. 148TH AVENUE		STREET ADDRESS	10116 NW 55 TERR	
CITY-ST-ZIP	MIAMI, FL 33198		CITY-ST-ZIP	DORAL FL, 33178	
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DELFINO, MONICA		NAME		
STREET ADDRESS	9872 S.W. 148TH AVENUE		STREET ADDRESS	10116 NW 55 TERR	
CITY-ST-ZIP	MIAMI, FL 33198		CITY-ST-ZIP	DORAL FL, 33178	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 names entered.					
SIGNATURE: 		JORGE DELFINO		PRESIDENT 04/27/2007 (305) 471 8121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40118194



04262007 Chg-P CR2E034 (12/06)