
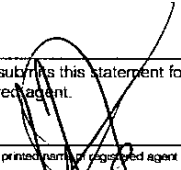
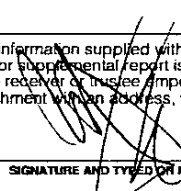


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90102 014 \*\*\*150.00

<b>DOCUMENT # P04000081752</b> 1. Entity Name <b>GREEN FIELDS MANAGEMENT, INC.</b>																																	
Principal Place of Business <b>2700 SW 190TH AVE. MIRAMAR, FL 33029</b>			Mailing Address <b>2700 SW 190TH AVE. MIRAMAR, FL 33029</b>																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 827092</b> Suite, Apt. #, etc.																															
City & State Zip		City & State <b>Pembroke Pines, FL</b> Zip <b>33082</b>		4. FEI Number <b>56-2460132</b>																													
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>LAYMAN, CARLOS 2700 SW 190TH AVE. MIRAMAR, FL 33029</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:  (NOTE: Registered Agent signature required when reappointing) DATE: <b>04/29/05</b>																																	
<b>FILE NOW!!! FEE \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>LAYMAN, CARLOS</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2700 SW 190TH AVE.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIRAMAR, FL 33029</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	<b>LAYMAN, CARLOS</b>	<input type="checkbox"/>	STREET ADDRESS	<b>2700 SW 190TH AVE.</b>		CITY-ST-ZIP	<b>MIRAMAR, FL 33029</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																															
NAME	<b>LAYMAN, CARLOS</b>	<input type="checkbox"/>																															
STREET ADDRESS	<b>2700 SW 190TH AVE.</b>																																
CITY-ST-ZIP	<b>MIRAMAR, FL 33029</b>																																
TITLE	NAME	Change	Addition																														
NAME		<input type="checkbox"/>	<input type="checkbox"/>																														
STREET ADDRESS																																	
CITY-ST-ZIP																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																															
NAME		<input type="checkbox"/>																															
STREET ADDRESS																																	
CITY-ST-ZIP																																	
TITLE	NAME	Change	Addition																														
NAME		<input type="checkbox"/>	<input type="checkbox"/>																														
STREET ADDRESS																																	
CITY-ST-ZIP																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																															
NAME		<input type="checkbox"/>																															
STREET ADDRESS																																	
CITY-ST-ZIP																																	
TITLE	NAME	Change	Addition																														
NAME		<input type="checkbox"/>	<input type="checkbox"/>																														
STREET ADDRESS																																	
CITY-ST-ZIP																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																															
NAME		<input type="checkbox"/>																															
STREET ADDRESS																																	
CITY-ST-ZIP																																	
TITLE	NAME	Change	Addition																														
NAME		<input type="checkbox"/>	<input type="checkbox"/>																														
STREET ADDRESS																																	
CITY-ST-ZIP																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																															
NAME		<input type="checkbox"/>																															
STREET ADDRESS																																	
CITY-ST-ZIP																																	
TITLE	NAME	Change	Addition																														
NAME		<input type="checkbox"/>	<input type="checkbox"/>																														
STREET ADDRESS																																	
CITY-ST-ZIP																																	
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.																																	
<b>SIGNATURE:</b>  <b>04/29/05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	