

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000097493

1. Entity Name
GREENROSE EDUCATIONAL CONSULTANTS, INC.



Principal Place of Business
**5668 NW 100TH WAY
CORAL SPRINGS, FL 33076**

Mailing Address
**5668 NW 100TH WAY
CORAL SPRINGS, FL 33076**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3126957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GOLD, MARC J ESQ.
3111 UNIVERSITY DRIVE
SUITE 312
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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 relating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**U00000873164
04/10/08-80064-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FAZIO, ROSALIE CO
STREET ADDRESS	5668 NW 100TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	P
NAME	GREENWALD, SHARON CO
STREET ADDRESS	5668 NW 100TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon Greenwald Sharon Greenwald 3/24/08 954 684 4800