
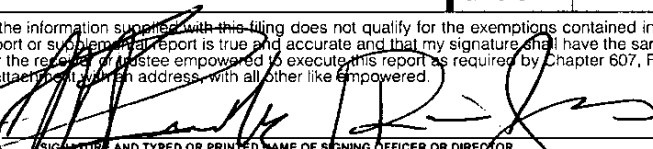


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90242 031 ***150.00

DOCUMENT # P04000101991 1. Entity Name GREEN PINE INC.					
Principal Place of Business 6911 SW 129 AVE UNIT # 8 MIAMI, FL 33183			Mailing Address 6911 SW 129 AVE UNIT # 8 MIAMI, FL 33183		
2. Principal Place of Business 864 SW 7 STREET Suite, Apt. #, etc.			3. Mailing Address 864 SW 7 STREET Suite, Apt. #, etc.		
City & State FLORIDA CITY, FLORIDA			City & State FLORIDA CITY, FLORIDA		
Zip 33034		Country USA		4. FEI Number 20-1337288	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JELVES, CARLOS P 6911 SW 129 AVE UNIT # 8 MIAMI, FL 33183			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete JELVES, CARLOS P 6911 SW 129 AVE UNIT # 8 MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete JELVES, CARLOS P 6911 SW 129 AVE UNIT # 8 MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete JELVES, CARLOS P 6911 SW 129 AVE UNIT # 8 MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JELVES, ROMINA S 864 SW 7 ST. FLORIDA CITY, FL 33034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete JELVES, ROMINA S 6911 SW 129 AVE UNIT # 8 MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 person 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 to this address, with all other like empowered.					
SIGNATURE: 			Date 3/22/06 Daytime Phone # 7863086014		