## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2005 8:00 am Secretary of State DOCUMENT # P04000103988 1. Entity Name 05-04-2005 90171 024 \*\*\*150.00 GREENHORNE HOLDING CO, INC. Principal Place of Business Mailing Address 555 NE 70TH ST 555 NE 70TH ST MIAMI FL 33138 **MIAMI FL 33138** 2. Principal Place of Business 3. Mailing Address 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 20-1371023 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required D0-05 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGEK HORNE, ROGER. . . . 555 NE 70TH ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33138** HW BIST Street City 8. The above partial 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 SIGNATURE FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. YESTOTTICEO JOUNER TITLE ☐ Delete TITLE Charige ☐ Addition HORNE ROGER HORNE, ROGER STREET ADDRESS 555 NE 70TH ST STREET ADDRESS **MIAMI FL 33138** CITY-ST-ZIP CITY-ST-7IP SUSTONIA ON HER TITLE Delete . ☐ Charlo ☐ Addition GREEN, ANTHONY NAME NAME arberly for the 555 NE 70TH ST STREET ADDRESS STREET ADDRESS 1081 HM 1801 CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITTE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Defete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE Change 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of suppliem of the corporation or the receiver or changed, or on an attachment with ental 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 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

an address, with all other like empowered

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF

**SIGNATURE:** 

**FILED**