

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90006 018 \*\*\*150.00

DOCUMENT # P05000116047

1. Entity Name

GREEN CYPRESS EXPRESS, INC.



Principal Place of Business

8544 NW 64 STREET  
MIAMI FL 33166

Mailing Address

8544 NW 64 STREET  
MIAMI FL 33166



2. Principal Place of Business

8544 NW 64 Street  
Suite, Apt. #, etc.

3. Mailing Address

8544 NW 64 Street  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MIAMI Florida

City & State

MIAMI Florida

4. FEI Number

03-0568171

Applied For

Not Applicable

Zip

33166

Country

MIAMI D.

Zip

33166

Country

MIAMI D.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BREJO, JUAN CARLOS  
8544 NW 64 STREET  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name JUAN CARLOS BREJO

Street Address (P.O. Box Number is Not Acceptable)

8544 NW 64 Street

City MIAMI

FL

Zip Code 33166

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JUAN CARLOS BREJO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/21/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME BREJO, JUAN CARLOS  
STREET ADDRESS 8544 NW 64 STREET  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JUAN CARLOS BREJO

JUAN CARLOS BREJO

02/21/06

305-216-9180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #