

2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-23-2006 90001 027 ***150.00

#P05000116051

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P05000116051

1. Entity Name
GREENS GRADE SERVICES, INC.



Principal Place of Business
12253 NW 11TH STREET
PEMBROKE PINES, FL 33026 US

Mailing Address
12253 NW 11TH STREET
PEMBROKE PINES, FL 33026 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-3330751

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNIAZ, KENNETH
12253 NW 11TH STREET
PEMBROKE PINES, FL 33026

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

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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-STATE-ZIP
PD
KNIAZ, KENNETH
12253 NW 11TH STREET
PEMBROKE PINES, FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Additions

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Additions

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Additions

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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Additions

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Additions

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 007, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with aliother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s) Filing #

3-11-06