

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90405 007 ***150.00

DOCUMENT # P05000134261		
1. Entity Name GREEN PLANTAINS RESTAURANT INC.		

Principal Place of Business 5001 SW 20TH STREET APT 6004 OCALA, FL 34474	Mailing Address 5001 SW 20TH STREET APT 6004 OCALA, FL 34474
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2. Principal Place of Business 5150 SW 34 th Street Suite, Apt. #, etc.	3. Mailing Address 5150 SW 34 th Street Suite, Apt. #, etc.
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City & State Gainesville, FL Zip 32608 Country ALACHUA	City & State Gainesville, FL Zip 32608 Country ALACHUA
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6. Name and Address of Current Registered Agent SANG, OLGA 5001 SW 20TH STREET APT 6004 OCALA, FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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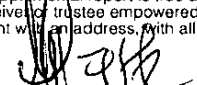
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANG, OLGA 5001 SW 20TH STREET, APT 6004 OCALA, FL 34474 <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
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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 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: (X)  OLGA SANG 4-3-06 1-352-425-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50012470
#P05000134261



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

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ANNUAL REPORT NOTICE

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GREEN PLANTAINS RESTAURANT INC.
5001 SW 20TH STREET
APT 6004
OCALA FL 34474-8711

*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING ***

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

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GREEN PLANTAINS RESTAURANT INC.
5001 SW 20TH STREET
APT 6004
OCALA FL 34474-8711

c/o PETER MCK, CPA, P.C
40 ELIZABETH ST., #401
N.Y. N.Y. 10013

