


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90015 024 ***150.00

DOCUMENT # P06000002722 1. Entity Name GREEN SOURCE, INC.					
Principal Place of Business 10356 WILLOW OAK TRAIL BOYNTON BEACH, FL 33437			Mailing Address 10356 WILLOW OAK TRAIL BOYNTON BEACH, FL 33437		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 823304 Suite, Apt. #, etc.			
City & State Zip Country		City & State Pembroke Pines, FL Zip Country 33082 BROWARD		4. FEI Number 80-0134074 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PICCIONE, FILIPPO A 14119 SW 32ND STREET MIRAMAR, FL 33027			
7. Name and Address of New Registered Agent Name GONZALEZ, FREDDY DANIEL Street Address (P.O. Box Number is Not Acceptable) 14119 SW 32ND STREET City State Zip Code MIRAMAR FL 33027		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 [Signature] DATE 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 GONZALEZ, FREDDY DANIEL 14119 SW 32ND STREET MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/21/08 Daytime Phone #		