

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011160

FILED
Mar 05, 2009
Secretary of State

Entity Name: GREENS BEST NUTRITION, INC.

Current Principal Place of Business:

10621 SW 88TH ST #104
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10621 SW 88TH ST #104
MIAMI, FL 33176

New Mailing Address:

FEI Number: 26-4024600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOHAMMED, ZYAD
10621 SW 88TH ST #104
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MOONI, ZIDE
10621 SW 88TH ST #104
MIAMI, FL 33176 US

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.

SIGNATURE: ZIDE MOONI

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOHAMMED, ZYAD
Address: 10621 SW 88TH ST #104
City-St-Zip: MIAMI, FL 33176

Title: V () Delete
Name: MAYERS, LIONEL G
Address: 10621 SW 88TH ST #104
City-St-Zip: MIAMI, FL 33176

Title: ST () Delete
Name: MACKOON, EDWIN
Address: 10621 SW 88TH ST #104
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOONI, ZIDE
Address: 10621 SW 88TH ST #104
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZIDE MOONI

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date