2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094308

City-St-Zip:

DORAL, FL 33178 US

FILED May 28, 2009 Secretary of State

Entity Nam	ne: GREE	N LINE LOGISTICS, CORP.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7239 NW 5 DORAL, FL		US			
Current Mailing Address:			New Mailing Addres	ss:	
7239 NW 5 DORAL, FL		US			
FEI Number:	26-3565584	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LARSON ACOUNTING & CONSULTING SERVICES LLC 8818 COMMODITY CIR SUITE 40 ORLANDO, FL 32819 US			1100 S FEDERAL HV	TAX HOUSE CORP 1100 S FEDERAL HWY 2 ND FLOOR DEERFIELD, FL 33441 US	
The above in the State		ity submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: BRENO GOMES				05/28/2009	
	Elect	ronic Signature of Registered Agen	t	Date	
			receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RUA PAIS D	() Delete IERCIAL E IMPORTADORA LTDA DE ARAUJO, 185 - ITAIM BIBI D, SP 04531-090 BR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete ECIO NETO 64 TERRACE 33178 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD ALDRED, D 11321 NW	()Delete ANIELA P 34 TERRACE	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DECIO ALDRED NETO D 05/28/2009