

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000088553

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** GREENINVEST CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

8012 RIDGE WAY  
ORLANDO, FL 32817

**New Principal Place of Business:**

307 N PARK AVE.  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

8012 RIDGE WAY  
ORLANDO, FL 32817

**New Mailing Address:**

307 N PARK AVE.  
WINTER PARK, FL 32789 US

**FEI Number:** 30-0657589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ISMAIL, SAID  
Address: 307 N PARK AVE.  
City-St-Zip: WINTER PARK, FL 32789 US

Title: VPD  
Name: DUTSIN, MOURA  
Address: 647 W SWOOPE AVE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: OD  
Name: SARA, WATSON  
Address: 603 JACKSON ST.  
City-St-Zip: EUSTIS, FL 32726 US

Title: SD  
Name: DEBORAH, MOURA  
Address: 3870 WATERCREST DR  
City-St-Zip: LONGWOOD, FL 32779 US

I hereby 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 all other like empowered.

SIGNATURE: SAID ISMAIL

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date