2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

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DOCUMENT # P95000046506 1. Entity Name M. GREENE, INC.					04-15-2005 90226 001 ***450.00			
Principal Place of Business Mailing Address					1			
201 TRISMEN WINTER PARI	N TERRACE	201 TRISMEN TERRACE WINTER PARK, FL 32789 US		66010214				
2. Principal Place of Business 70 Main St. 2nd Floor 70 Main St. 2			2					
70 Main St. 2nd Floor 70 Main Suite. Apt. #, etc. Suite. Apt. #,			St. 2nd Floor		1	Ch- D	CD0E004 (10/00)	
					01192005	Chg-P	CR2E034 (10/03)	
City & State	e	City & State	City & State		4. FEI Numb		 - - 	plied For
New C		New Canaan,	ew Canaan, CT		59-332	3101		t Applicable
Zip	Country	Zip	Counti	ry	5. Certificate	of Status Desired	S8.75 Add	
.06840	6. Name and Address of Current	L 06840 Registered Agent	<u> </u>	···-	7. Name and	Address of New R	<u> </u>	
	o. Halifa and Addition of California		Name			<u> </u>		
LEFKOWITZ, IVAN M				(DO D. N. J. MAN, 2011)				
430 NORTH MILLS AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32803			ľ	<u> </u>				
			ŀ	City			□	9
							FL	
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.								
uie oongat	ions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent	and fills if specificable (NOT	E Benintered	Agent signature require	d when reinctation)	 	DATE	
ļ	Signature, typed or printed harrie or regional algorit		E. Hogata oo	7 90 1 09 000 1 000		1		
					.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	PST Delete III		TITLE				Change	☐ Addition
NAME	5.75.652,77.62		NAME	1				
STREET ADDRESS	70,10111011201,210			t adoréss St-zip				
CITY-ST-ZIP	11217 03 12 2 11, 01 2 2 2 2 2						☐ Change	☐ Addition
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STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY -	ST-ZIP				
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Street address				ET ADORESS				
CITY-ST-ZIP				-ST-7IP			——————————————————————————————————————	☐ 4388
TITLE		☐ Delete	TITLE	I			Change	Addition
NAME STREET ADDRESS	ļ		1	ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				
	certify that the information supplied wit	h this filing does not qualify fo	or the exer	motion stated in S	Section 119.07(3)	(i), Florida Statutes.	I further certify that the i	nformation

12. I hereby certify that the information supplied with this little does not quality for the exemption is absoluted in section 119-70-701, included states. Hother certify that it 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 of trustee empowered to execute this report as inquired 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: 1

SNATURE AND THE OR PHINNED NAME OF SIGNING OFFICER OR DIRECTOR

XI)Na 05
Data Days

Daytime Phone #