
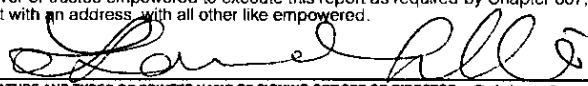


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90276 033 ***150.00

| | | | |
|--|---|--|--|
| DOCUMENT # P97000009395 | |  | |
| 1. Entity Name GREEN INTERNATIONAL USA, P.A. | | | |
| Principal Place of Business 3057 NE 16TH AVE OAKLAND PARK, FL 33334 | | Mailing Address 3144 BROADWAY PMB 125, SUITE #4 EUREKA, CA 95501 | |
| 2. Principal Place of Business 3057 NE 16 AVE Suite, Apt. #, etc. OAKLAND PK City & State FLORIDA Zip 33334 Country USA | | 3. Mailing Address 3144 BROADWAY Suite, Apt. #, etc. PMB-125-SUITE 4 City & State EUREKA CA Zip 95501 Country U.S.A. | |
| 04232004 | | Chg-P | CR2E034 (10/03) |
| 4. FEI Number 65-0898032 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SULTANA, SHAMIMA 3057 NE 16TH AVE OAKLAND, FL 33334 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 SULTANA, SHAMIMA 3057 NE 16TH AVE OAKLAND, FL 33334 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SHAMIMA SULTANA HARDCASTLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SULTANA, ABEDA F.M. 3057 NE 16TH AVE OAKLAND, FL 33334 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SULTANA, NOOR F.M. 3057 NE 16TH AVE OAKLAND, FL 33334 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARDCASTLE, PHILIP J 3057 NE 16TH AVE OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | 04.19.04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | SHAMIMA SULTANA HARDCASTLE <small>Daytime Phone #</small> | |