

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		3. Mailing Address 3144 BROADWAY			
Suite, Apt. #, etc. OAKLAND PK		Suite, Apt. #, etc. PMB-125-SUITE 4			
City & State FLORIDA		City & State EUREKA CA			
Zip 33334		Country USA		Zip 95501	
Country USA		Country U.S.A.			
4. FEI Number 65-0898032			Applied For <input type="checkbox"/> 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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARDCASTLE		
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					