


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

02-14-2007 90042 016 ***150.00

DOCUMENT # P97000009395	
1. Entity Name GREEN INTERNATIONAL USA, P.A.	

Principal Place of Business 636 EAST DUVAL STREET LAKE CITY, FL 32055	Mailing Address 636 EAST DUVAL STREET LAKE CITY, FL 32055
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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03132007 Chg-P CR2E034 (12/06)

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 636 EAST DUVAL STREET LAKE CITY, FL 32055	
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 _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDCASTLE, PHILIP 315 SW 12TH STREET FT. LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAMIMA HARDCASTLE PRESIDENT 1, GAINFORD ROAD, BILLINGHAM CLEVELAND TS23 3HP, U.K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARDCASTLE, SHAMIMA 315 SW 12TH STREET FT. LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RABEYA SULTANA VICE-PRESIDENT 1 GAINFORD RD, BILLINGHAM CLEVELAND TS23 3HP <input checked="" type="checkbox"/> Change <input checked="" 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	DR PHILIP HARDCASTLE 1 GAINFORD ROAD BILLINGHAM, CLEVELAND TS23 3HP UK <input checked="" 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	DR NURUL ISLAM 1, GAINFORD ROAD BILLINGHAM, CLEVELAND TS23 3HP U.K. <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 exemptions contained 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 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:

SHAMIMA SULTANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/07 386-647-541
Daytime Phone #



ATTACHMENT
66005359
Division of Corporations

Annual Report

Annual Report Help

Document Number

P97000009395

Business Entity Name

GREEN INTERNATIONAL USA, P.A.

FEI Number

650898032

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

636 EAST DUVAL STREET

Suite, Apt. #, etc.

City, State

LAKE CITY

FL

Zip Code & Country

32055

Mailing Address

Address

1, Gainford Road

Suite, Apt. #, etc.

Billingham

City, State

Cleveland

UK

Zip Code & Country

TS23 3HP

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

SULTANA

SHAMIMA

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

636 EAST DUVAL STREET

Suite, Apt. #, etc.

City, State

LAKE CITY

FL

Zip Code & Country

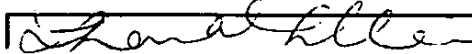
32055

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	Pres		
Name (Last, First, Middle, Title)	HARDCASTLE	SHAMIMA	Dr.
- OR -			
Entity Name to serve as Officer/Director			
Street Address	1, Gainford Road		
City, State	Billingham, Cleveland	UK	
Zip Code & Country	TS23 3HP		
Title	Vice		
Name (Last, First, Middle, Title)	Rabeya	Sultana	
- OR -			
Entity Name to serve as Officer/Director			
Street Address	1, Gainford Road		
City, State	Billingham, Cleveland	UK	
Zip Code & Country	TS23 3HP		
Title	Dire		
Name (Last, First, Middle, Title)	HARDCASTLE	PHILIP	J. Mr.
- OR -			
Entity Name to serve as Officer/Director			
Street Address	1, Gainford Road		
City, State	Billingham, Cleveland	UK	
Zip Code & Country	TS23 3HP		
Title	Dire		

Name (Last, First, Middle, Title)

Islam

Nurul

Dr.

- OR -

Entity Name to serve as
Officer/Director

Street Address

1, Gainford Road

City, State

Billingham, Cleveland

UK

Zip Code & Country

TS23 3HP

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

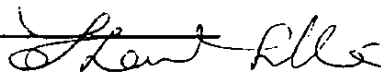
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Agen

Officer/Director Signature SHAMIMA SULTANA



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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