


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90065 049 ***150.00

DOCUMENT # P97000012245 1. Entity Name GREEN SHIELD TECHNOLOGIES, INC.																											
Principal Place of Business 3000 NW 109TH AVE STE 202 MIAMI, FL 33172 US		Mailing Address 3000 NW 109TH AVE STE 202 MIAMI, FL 33172 US																									
2. Principal Place of Business 3350 SW 148th Ave Suite, Apt. #, etc. 110		3. Mailing Address 3350 SW 148th Ave Suite, Apt. #, etc. 110																									
City & State Miramar, FL Zip 33027		City & State Miramar, FL Zip 33027																									
Country USA		Country USA																									
4. FEI Number 65-0734312		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 ORDONIZ, JUAN C 1126 SW 158TH WAY PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
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																									
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/19/04 <small>Date</small>																									
J ORDONEZ		954-8741623 <small>Daytime Phone #</small>																									