2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURÉ:

## Jan 28, 2004 08:00 AM Secretary of State DOC<del>UM</del>ENT # P97000037530 1. Entity Name S. I. GREENE CORP. Mailing Address Principal Place of Business 17224 HUNTINGTON PARK WAY BOCA RATON FL 33496 17224 HUNTINGTON PARK WAY BOCA RATON FL 33496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. MOORE CR2E034 (11/03) Applied Far 4. FEI Number City & State City & State 65-0751829 Not Applicable $Z_{1D}$ Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENFIELD, STEPHEN 17224 HUNTINGTON PARK WAY Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** Zip Code City 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change Addition Delete TITLE TITLE U00000018623 NAME NAME GREENFIELD, STEPHEN 01/28/04-80139-025 150.00 17224 HUNTINGTON PARK WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33496 CITY-ST-ZIP Addition TITLE Change Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete BULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete ΠŒ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 eath; 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

FILED