


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90035 021 ***150.00

DOCUMENT # P97000081271					
1. Entity Name GREEN REEFERS (USA), INC.					
Principal Place of Business 4005 ROSEPOINT CT. 2900 Guy N. Verger Blvd TAMPA, FL 33614 Tampa FL 33605			Mailing Address 4005 ROSEPOINT CT 2900 Guy N. Verger Blvd TAMPA, FL 33614 Tampa FL 33605		
2. Principal Place of Business - No P.O. Box # 2900 Guy N. Verger Blvd			3. Mailing Address 2900 Guy N. Verger Blvd		
Suite, Apt. #, etc. None			Suite, Apt. #, etc. None		
City & State Tampa Fla			City & State Tampa Fla.		
Zip 33605		Country USA		Zip 33605 Country USA	
6. Name and Address of Current Registered Agent HINDS, RHONDA L. 595 N. COURTNEY PKWY STE 202 MERRITT ISLAND, FL 32952			7. Name and Address of New Registered Agent Name Hinds, Rhonda L. Street Address (P.O. Box Number is Not Acceptable) 595 N. Courtney Blvd # 202 City Merritt Island FL Zip Code 32952		
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 <u>Gebe van Buren</u> DATE <u>3/5/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D HAUGE, ODO ARNE PO BOX 145, NORTH-5032 MINDE NORWAY, <i>change of address</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hauge, Odd ARNE Ulsmagveien 7, P.O. Box 94 Vesttun NO- 5852 Bergen, Norway	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSEN, TRYM P.O. BOX 145, N-5032 MINDE NORWAY, <i>change of address</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacobsen, Trym Ulsmagveien, 7, P.O. Box 94, Vesttun NO- 5852 Bergen, Norway	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THULIN, ERIK P.O. BOX 145 MINDE, NORWAY, N-514 <i>Delete</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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	
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: <u>Gebe van Buren</u>			Date <u>3/5/2008</u> Daytime Phone # <u>321-258-0056</u>		