

FILED
Jan 17, 2006 08:00 AM
Secretary of State

1. Entity Name
GREENSTAR HOLDINGS, INC.



Mailing Address
133 NW 100 AVE.
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE




01092006 No Chg-P CR2E034 (11/05)

4. FBI Number
65-0837245

Applied For
Not Applicable

5. Certificate of Status Desired

 **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

STARK, BARRY
133 NW 100 AVE.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STARK, BARRY
STREET ADDRESS	133 NW 100 AVE.
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	S
NAME	STARK, IRENE
STREET ADDRESS	133 NW 100 AVE.
CITY - ST - ZIP	PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

1100000389242
01/20/06-80036-016 158.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Saving Phone #