
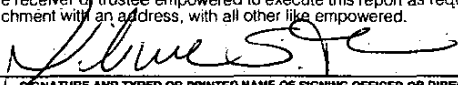


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90080 046 \*\*\*150.00

<b>DOCUMENT # P98000044492</b> 1. Entity Name <b>GREENFROG &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>3929 PONCE DE LEON BLVD 2ND FLOOR MIAMI, FL 33134</b>			Mailing Address <b>3929 PONCE DE LEON BLVD 2ND FLOOR MIAMI, FL 33134</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>CORAL GABLES, FL</b>		City & State <b>CORAL GABLES, FL</b>		4. FEI Number <b>65-0838691</b>	
Zip 		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FILHO, LILIANE R 13940 SW 102ND AVE MIAMI, FL 33176</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SOUZA-FILHO, MAURO</b> <b>9200 S DADELAND BLVD, #218</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SOUZA-FILHO, MAURO</b> <b>3929 Ponce de Leon Blvd.</b> <b>Coral Gables, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD <b>FILHO, LILIANE RIQUE</b> <b>9200 S DADELAND BLVD, #218</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FILHO, LILIANE RIQUE</b> <b>3929 Ponce de Leon Blvd.</b> <b>Coral Gables, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> 			<b>1/15/05 (305) 4410701</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		