## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000044492

Entity Name: GREENFROG & ASSOCIATES, INC.

FILED May 04, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

541 EAST TENNESSEE ST. 141 NE 3RD AVENUE TALLAHASSEE, FL 32308

SUITE 801 MIAMI, FL 33132

**Current Mailing Address: New Mailing Address:** 

541 EAST TENNESSEE ST. 141 NE 3RD AVENUE

TALLAHASSEE, FL 32308 SUITE 801 MIAMI, FL 33132

FEI Number: 65-0838691 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FILHO, LILIANE R RIQUE, LILIANE N 13940 SW 102ND AVE 11808 SW 99 LANE MIAMI, FL 33176 MIAMI, FL 33186

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.

SIGNATURE: LILIANE NOVAES RIQUE 05/04/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

SOUZA-FILHO, MAURO Name: Name: RIQUE, LILIANE N 3929 PONCE DE LEON BLVD Address: 141 NE 3RD AVENUE, SUITE 801 Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33132

Title: VPTD (X) Delete Title: () Change () Addition

Name: FILHO, LILIANE RIQUE Name: 3929 PONCE DE LEON BLVD Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIANE NOVAES RIQUE PD 05/04/2007