

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000046185 1. Entity Name GREENE INTERNATIONAL REAL ESTATE INC	
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Principal Place of Business 6500 N ATLANTIC AVE STE C CAPE CANAVERAL, FL 32920	Mailing Address 6500 N ATLANTIC AVE STE C CAPE CANAVERAL, FL 32920 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0838093	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GREENE, JANICE
6500 N ATLANTIC AVE, STE C
CAPE CANAVERAL, FL 32920**

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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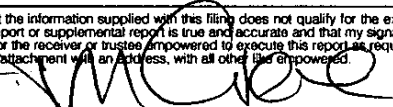
10. OFFICERS AND DIRECTORS

TITLE PT	GREENE, MARTIN
NAME	6500 N ATLANTIC AVE, STE C
STREET ADDRESS	CAPE CANAVERAL, FL 32920
CITY-ST-ZIP	
TITLE VPS	GREENE, JANICE M
NAME	6500 N ATLANTIC AVE, STE C
STREET ADDRESS	CAPE CANAVERAL, FL 32920
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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 fees empowered.

SIGNATURE:  **4/24/08 (321) 799-0799**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 08 MAY 23 AM 11:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA