


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90074 014 ***150.00

DOCUMENT # P98000059527		
1. Entity Name HI GREEN, INC.		

Principal Place of Business 12723 S DIXIE HIGHWAY MIAMI, FL 33156-5944	Mailing Address 12723 S DIXIE HIGHWAY MIAMI, FL 33156-5944
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2. Principal Place of Business - No P.O. Box # 12233 S. Dixie HWY.	3. Mailing Address 12233 S. Dixie HWY.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL 33156	City & State Miami, FL 33156
Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOTTLIEB, FRED 12233 S DIXIE HWY MIAMI, FL 33156		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTLIEB, FRED	NAME	
STREET ADDRESS	12723 S DIXIE HWY	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 331565944	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Fred Gottlieb* 1/16/07 Date Daytime Phone # _____

40003000



01102007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0852428 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required