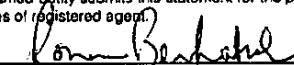
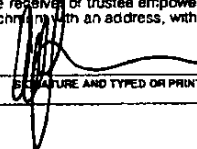


FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90034 003 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000061786			
1. Entity Name GREEN & BARR CORP.			
Principal Place of Business 1055-1073 W. FLAGLER ST MIAMI, FL 33130		Mailing Address PO BOX 2223 MIAMI BEACH, FL 33140	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MOTOLA, BERNARDO ESQ 301 ALMERIA AVE, STE 345 CORAL GABLES, FL 33134		HOFFMAN LEVY BENGIO + Co 2525 N STATE RD 7 SUITE 115 HOLLYWOOD, FL 33021	
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.		DO NOT WRITE IN THIS SPACE	
SIGNATURE  Signature, typed or printed name of registered agent, and title if applicable.		DATE <u>5/1/05</u> (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P BARROUKH, YVES 5696 ALTON RD MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D GREEN, MICHELLE 3120 PINE TREE DR MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D GREEN, ADRIAN 3120 PINE TREE DR MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/18/05</u> Daytime Phone # <u>786 315-5559</u>	