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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	Mailing Address
1055-1073 W. FLAGLER ST MIAMI, FL 33130	PO BOX 2223 MIAMI BEACH, FL 33140

66016353

01212005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0858155
☐ Applied For
☐ Not Applicable

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

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.

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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 _____ 5/1/05
Signature, type 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, 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	P
NAME	BARROUKH, YVES
STREET ADDRESS	5696 ALTON RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	GREEN, MICHELLE
STREET ADDRESS	3120 PINE TREE DR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	GREEN, ADRIAN
STREET ADDRESS	3120 PINE TREE DR
CITY-ST-ZIP	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	

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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.

SIGNATURE: _____ 3/18/05 786 315-5559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #