## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

changed, or on an attachm

**SIGNATURE:** 

## May 05, 2005 8:00 am Secretary of State 05-05-2005 90111 024 \*\*\*158.75 **DOCUMENT # P98000097016** GREEN WORLD MAINTENANCE, INC. Principal Place of Business Mailing Address 24300 SW 112TH AVENUE 24300 SW 112TH AVENUE HOMESTEAD, FL 33032 HOMESTEAD, FL 33032 2. Principal Place of Business 3. Mailing Address 200 SOUTH BISCAYUE BLUD 200 SOUTH DISCATUE DUND 02222005 Chq-P CR2E034 (10/03) 4. FEI Number Applied For MIAMI. 65-0878699 Not Applicable Country USA 20 2913<u>1</u> \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOLDSTEIN, TAVEN & TREWEH, P.A. DIAZ-FOX, EMILIA Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYUE BOVLE VALD 1441 BRICKEL AVE., STE, 1005 MIAMI, FL 33131 Zip Code 33/3/ 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. VEEF TANEN SIGNATURE registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIAZ, EMILIA F NAME NAME STREET ADDRESS 24300 SW 112TH AVENUE : STREET ADDRESS HOMESTEAD, FL 33032 CITY-ST-ZIP CITY-ST-ZIP 1III F ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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

**FILED**