

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 SEP -7 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102735

1. Entity Name
GROWING BRIGHT, CORP.



Principal Place of Business
18239 PINES BLVD
PEMBROKE PINES, FL 33029

Mailing Address
18239 PINES BLVD
PEMBROKE PINES, FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08302006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0973616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, IDANIA
8355 NW 197TH TERRACE
MIAMI, FL 33015

Name DVORAN, IDANIA

Street Address (P.O. Box Number is Not Acceptable)

8355 NW 197 TERRACE

City MIAMI

FL

Zip Code 33015

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

Amended AR Is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ALLEN, IDANIA
STREET ADDRESS 18239 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE PD
NAME DVORAN, IDANIA
STREET ADDRESS 18239 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/T
NAME DVORAN, PETEL
STREET ADDRESS 18239 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP
100079732811
09/12/06--01064--035 **\$61.25

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-05-06

Date

Daytime Phone #

9/7/06