

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90098 041 ***150.00

DOCUMENT # S75636	
1. Entity Name GREENSPAN & GREENSPAN ENTERPRISES, INC.	

Principal Place of Business KIM MARKS CPA 11900 BISCAYNE BLVD STE 290 N. MIAMI, FL 33181 US	Mailing Address 11900 BISCAYNE BLVD 290 N MIAMI, FL 33181 US
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50022760

2. Principal Place of Business 17435 73rd CT N.	3. Mailing Address 17435 73rd CT N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02272005 Chg-P CR2E034 (10/03)

City & State LOXAHATCHEE FL	City & State LOXAHATCHEE FL
Zip 33470	Zip 33470
Country	Country

4. FEI Number 65-0282533	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARKS, KIM 11900 BISCAYNE BLVD #290 N MIAMI, FL 33181	7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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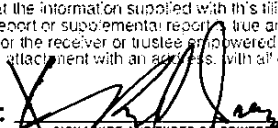
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(Signature of officer or director of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when changing office)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P GREENSPAN, ROLAND I. 11900 BISCAYNE BLVD #290 N MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	17435 73rd Court North LOXAHATCHEE FL 33470 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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:  **ROLAND GREENSPAN, President** 2/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR