2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 12, 2007 08:00 AM Secretary of State DOCUMENT # V16715 1. Entity Name GREEN RIVER CONSTRUCTION COMPANY Principal Place of Business Mailing Address 7800 RED RD 7800 RED RD SUITE 117-A SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0322596 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERMAN, LEONARD Street Address (P.O. Box Number is Not Acceptable) 7800 RED RD SUITE 117 SOUTH MIAMI FL 33143 City Zip Code 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 Skynatura, typed or painted name of registered agent and falle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HH Delete THE Change ☐ Addition HERMAN, LEONARD NAME U00000633182 7800 RED RD SUBLET ADDRESS 02/21/07-80051-024 150.00 STRUET ADDRESS SO MIAMI FL CiTY+ST-ZIP CHY-SI-ZIP MICE ☐ Defete MuE ☐ Change Addition NAME NAMI STALET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP me ☐ Delete ши ☐ Change Addition NAME NAMI STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP THRE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRUET ADDRESS CDY+ST-ZIP CITY-ST-7IP IME Delete Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP IME ☐ Delete IME Addition ☐ Change NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signafure shall have the same logal effect as if made under eath; that I am an efficer or director of the corporation or the receiver or truefee 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP