


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90068 045 ***150.00

DOCUMENT # P03000140996

1. Entity Name
GREYHAWK FINANCIAL, INC.



Principal Place of Business
**2699 STIRLING ROAD
 C306B
 FORT LAUDERDALE, FL 33312 US**

Mailing Address
**C/O MARTIN FLUSS
 16301 ANDALUCIA LN
 DELRAY BEACH, FL 33446 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
**14960 ENCLAVE PRESERVE CIRCLE
 # T5**

08032007 Chg-P CR2E034 (12/06)

City & State
DELRAY BEACH FL

Zip Country
33484 USA

4. FEI Number
20-0600225

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLUSS, MARTIN PRES.
 16301 ANDALUCIA LANE
 DELRAY BEACH, FL 33446**

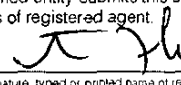
7. Name and Address of New Registered Agent

Name **FLUSS, MARTIN PRES.**

Street Address (P.O. Box Number is Not Acceptable)
**14960 ENCLAVE PRESERVE CIRCLE
 # T5**

City **DELRAY BEACH FL** Zip Code **33484**

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  **MARTIN FLUSS - PRESIDENT** DATE **8/01/2007**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPS	FLUSS, MARTIN	16301 ANDALUCIA LANE	DELRAY BEACH, FL 33446	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DPS	FLUSS, MARTIN	14960 ENCLAVE PRESERVE CIRCLE # T5	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **MARTIN FLUSS** DATE **8/01/2007** **5616016863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40128606

RE: 2007 FOR PROFIT CORPORATION ANNUAL REPORT:

FOR DOCUMENT # P03000140996

GREYHAWK FINANCIAL INC.

DATE: AUGUST 3, 2007

ATTENTION: REPRESENTATIVE

I WOULD LIKE TO HAVE THE FEE OF \$400.00 WAIVED , SINCE I HAD NEVER RECEIVED A NOTICE FOR RENEWAL FOR PAYMENT. I ONLY RECEIVED A NOTICE IN AUGUST 2007. THEREFORE, PLEASE WAIVE THE FEE SINCE IT IS NOT MY FAULT FOR BEING LATE. I WILL ENCLOSE THE REGULAR PAYMENT OF \$150.00.

RESPECTFULLY YOURS;



MARTIN FLUSS (PRESIDENT) CELL: 561 601 6863