


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P96000025168</b><br>1. Entity Name<br><b>GRID, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>1533 MANTUA AVENUE<br/>CORAL GABLES FL 33146</b> | Mailing Address<br><b>1533 MANTUA AVENUE<br/>CORAL GABLES FL 33146</b> |
|--|--|



|                                |                     |         |
|--------------------------------|---------------------|---------|
| 2. Principal Place of Business | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |         |
| City & State                   | City & State        |         |
| Zip                            | Country             | Zip     |
|                                |                     | Country |

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0656599** Applied For  Not Applicable

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CASARES, INGRID<br/>1533 MANTUA AVENUE<br/>CORAL GABLES FL 33146</b> | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | D <input type="checkbox"/> Delete |
| NAME                       | CASARES, INGRID                   |
| STREET ADDRESS             | 1533 MANTUA AVE.                  |
| CITY-ST-ZIP                | CORAL GABLES FL 33146             |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

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 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 Date Daytime Phone #