

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90050 023 \*\*\*150.00

**DOCUMENT # P96000041240**



1. Entity Name

GRS MANAGEMENT OF BROWARD INC.

Principal Place of Business

7900 NW 155 ST., SUITE 205  
 MIAMI FL 33016  
 US

Mailing Address

7900 NW 155 ST., SUITE 205  
 113  
 MIAMI FL 33016  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0682672

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

MARIA BARRETO  
 7900 NW 155 ST., SUITE 205  
 MIAMI FL 33016

Name

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

City

**FL**

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, 2004: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	BARRETO, MARIA	
STREET ADDRESS	7900 NW 155 ST, SUITE 205	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARRETO, MARIA	
STREET ADDRESS	7900 NW 155 ST, SUITE 205	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GILBERT, JOSEPH	
STREET ADDRESS	3900 WOODLAKES BLVD #202	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARRETO, MARIA	
STREET ADDRESS	7900 N.W 155 ST, suite 205	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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: Maria E Barreto MARIA E BARRETO 2/16/04 (305)823-0072  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #