## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # 629440** 

1. Entity Name GRAU & COMPANY, P.A.

**FILED** Feb 13, 2004 08:00 AM Secretary of State

Principal Place of Business

2700 NORTH MILITARY TRAIL, SUITE 350 BOCA RATON, FL 33431

Mailing Address

2700 NORTH MILITARY TRAIL, SUITE 350 BOCA RATON, FL 33431



02072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1917065

ANTONIOS GRAU

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Éee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRAU, ANTONIO S. 20790 SONETO DRIVE BOCA RATON, FL 33433

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. The above the obligated SIGNATURE	tions of registered agent	refose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept $2/c_0/c_0$
	Signature, ryped or printed name of registered agent and life in the NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing\$5.00 Ma		\$5.00 May Be Added to Fees	/ <del>% /</del> ⊍000000550069 = ∪∠/13/04-80048-025 158.75
10.	OFFICERS AND DIREC	CTORS	1		The same same same same same same same sam
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAU, ANTONIO S. 20790 SONETO DR. BOGA RATON, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANUS, HENRY L 2700 N MILITARY TRAIL STE-350 BOCA RATON, FL 33433				
THTLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRAN, JOSEPH W 2700 N MILITARY TRAIL STE-350 BOCA RATON, FL 33431			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TIFLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block II if changed, or on an attachment with an address, with all other like empowered.					