

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90045 014 ***150.00

DOCUMENT # 843652 1. Entity Name GRENADA N.V. CORP. OF THE NETHERLANDS ANTILLES					
Principal Place of Business 255 S. ORANGE AVE., 17TH FLOOR P. O. BOX 231 ORLANDO, FL 32802			Mailing Address 255 S. ORANGE AVE., 17TH FLOOR P. O. BOX 231 ORLANDO, FL 32802		
2. Principal Place of Business - No P.O. Box # 420 S. Orange Ave		3. Mailing Address 420 S. Orange Avenue			
Suite, Apt. #, etc. Suite 1200		Suite, Apt. #, etc. Suite 1200			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32801	Country U.S.A	Zip 32801	Country U.S.A	4. FEI Number 98-0044489	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DM CURACAO INTERNA TRUST CO DE RUYTERKADE 62 CURACAO NETHERLAND. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM AUFSEESSER, ERNST C/O 21 RUE DU MT BLANC GENEVA SWITZERLAND, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM KURZ, PIERRE C/O 21 RUE DU MT BLANC GENEVA SWITZERLAND, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM WEBER, JEAN-PIERRE BELCHENSTR 19 BASLE, SW ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 effect of 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: _____ <i>P. Ruiz</i> <i>Treas.</i> <i>3/19/07</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					