2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State
02-23-2005 90078 009 ***158.75

DOCUMENT # F04000001182

1. Entity Name
GRIF MANAGEMENT, INC.

Principal Place of Business	Mailing Address
TVERSKAYA STR. 28 BLDG. 2, ENTRANCE 2, 9TH FL 125320 MOSCOW RUSSIA OC	245 PARK AVE., 39TH FL NEW YORK NY 10167

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
STAROPIMENOVSKY	~~192 Kelsey Dr. South~~ 4767 New Broad St
Suite, Apt. #, etc.: Pereulok 18 4th FL	Suite, Apt. #, etc.: 1
City & State: MOSCOW	City & State: ~~EAST Northport NY~~ ORLANDO FL
Zip: 125006 Country: Russia	Zip: ~~11731~~ 32814 Country: USA

4. FEI Number 13-4026579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELA, CECILIA
4767 NEW BROAD ST.
ORLANDO FL 32714

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	CP ☐ Delete	TITLE	CP ☑ Change ☐ Addition
NAME	BOGUSHEVSKY, GEORGE	NAME	Bogushevsky, George
STREET ADDRESS	245 PARK AVE., 39TH FLOOR	STREET ADDRESS	23 Horton Hollow Rd
CITY-ST-ZIP	NEW YORK NY 10167	CITY-ST-ZIP	PUTNAM VALLEY NY 10579-1801
TITLE	☐ Delete	TITLE	FINANCIAL DIRECTOR ☐ Change ☑ Addition
NAME		NAME	GARY WARNECKE
STREET ADDRESS		STREET ADDRESS	4767 New Broad St
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32814
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] Gary Warnecke Financial Director 2/17/05 (407)514 2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GARY WARNECKE
Financial Director
3/25/05