2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DCCUMENT # F05000004938 Aug 24, 2006 08:00 Al Secretary of State Entity Name GRENVILLE SACHS INTERNATIONAL INC. Principal Place of Business Mailing Address 1725 NE 3RD AVENUE 1725 NE 3RD AVENUE FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305 2. Principal Place of Business 725 N.E. 3rd avenue 25 N.E.3rd avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For 4. FEI Number 03-0446380 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTS, GEOFFREY Street Address (P.O. Box Number is Not Acceptable) 1725 NE 3RD AVENUE FT. LAUDERDALE FL 33305 City 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. U00000575219 <u> 08/24/06-80005-019 150.00</u> SIGNATURE . Signature, typed or printed name of registered about and title diagolicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the warver of the \$400.00. \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies judid Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition ROBERTS, GEOFFREY NAME NAME 1725 NE 3RD AVENUE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33305 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change Addition TITLE HARRIS, LESLIE NAME NAME 1725 NE 3RD AVENUE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE 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 ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Addition: Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this indicated on this report or suppliemental report is true of the corporation or the receiver or trustee empowers changed, or on an attachment with an address with a ing does not dualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by chapter 607 Florida Statutes; and that my name appears in Block 10 or Block 11 if