




2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90066 032 ***150.00

DOCUMENT # F07000003340 1. Entity Name GRB INVESTMENTS, INC.					
Principal Place of Business 3838 RAYMERT DRIVE SUITE 3 LAS VEGAS, NV 89121			Mailing Address 761 NW 42ND AVE. PLANTATION, FL 33317		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 18331 PINES BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 211			
City & State		City & State POMBROKE PINES, FL			
Zip	Country	Zip 33029	Country FLORIDA	4. FEI Number 20-3591410	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TSAI, MARK 761 NW 42ND AVE. PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name MARK TSAI Street Address (P.O. Box Number is Not Acceptable) 18331 PINES BLVD #211 City POMBROKE PINES FL Zip Code 33029		
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 			DATE 2-20-08		
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CHRM TSAI, MARK 3838 RAYMERT DRIVE, SUITE 3 LAS VEGAS, NV 89121 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TSAI, MARK 3838 RAYMERT DRIVE, SUITE 3 LAS VEGAS, NV 89121 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: 			DATE 2-20-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 954-243-5319		