


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91021 014 \*\*\*150.00

<b>DOCUMENT # F22858</b>	
1. Entity Name <b>GROWTH MANAGEMENT GROUP, INC.</b>	

Principal Place of Business <b>2269 S. UNIVERSITY DR #430 DAVIE, FL 33324 US</b>	Mailing Address <b>P. O. BOX 816938 HOLLYWOOD, FL 33081 US</b>
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**94081737**



2. Principal Place of Business <b>101 NE THIRD AVENUE SUITE, Apt. #, etc. 1500</b>	3. Mailing Address  Suite, Apt. #, etc.
City & State <b>Fort Lauderdale FL</b>	City & State
Zip <b>33301</b>	Country <b>US</b>

04292004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2167043</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MARROW, GERRY 2269 S. UNIVERSITY DRIVE SUITE 1309 DAVIE, FL 33324</b>	
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7. Name and Address of New Registered Agent Name <b>LOUIS OROSZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 NE THIRD AVENUE SUITE 1500</b> City <b>Fort Lauderdale FL</b> Zip Code <b>33301</b>	
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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 <b>4-29-04</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT OROSZ, LOUIS 2269 S. UNIVERSITY DR #430 DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIRGINIA OROSZ 101 NE THIRD AVENUE #1500 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOUIS OROSZ 101 NE THIRD AVENUE #1500 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>4-29-04</b>	DAYTIME PHONE # <b>954 966 4880</b>
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