


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000000388**  
 1. Entity Name  
**GRIFFTEL MANAGEMENT, INC.**



Principal Place of Business  
**130 SOUTH EL CAMINO DR.  
 BEVERLY HILLS, CA 90212**

Mailing Address  
**130 SOUTH EL CAMINO DR.  
 BEVERLY HILLS, CA 90212**

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**13-3758190**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	GRIFFIN, MERV
STREET ADDRESS	130 SOUTH EL CAMINO DR.
CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	P
NAME	COHEN, LAWRENCE
STREET ADDRESS	130 SOUTH EL CAMINO DR.
CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	VS
NAME	REDLICH, GLORIA
STREET ADDRESS	130 SOUTH EL CAMINO DR.
CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	VT
NAME	EYRE, MICHAEL
STREET ADDRESS	130 SOUTH EL CAMINO DR.
CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/17/06-80098-011 150.00

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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: **4/08/06** Daytime Phone #: **310-385-2700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR