


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90020 001 \*\*\*158.75  
07-24-2008 90020 002 \*\*\*\*35.00

<b>DOCUMENT # G24215</b>	
1. Entity Name <b>MAURICE GRAY ASSOCIATES, INC.</b>	

Principal Place of Business <b>3692 S.W. 24 STREET MIAMI, FL 33145 US</b>	Mailing Address <b>3692 SW 24 STREET MIAMI, FL 33145 US</b>
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**66015563**



2. Principal Place of Business - No P.O. Box # <b>14345 Commerce Way</b>	3. Mailing Address <b>14345 Commerce Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07212008 Chg-P CR2E034 (12/06)

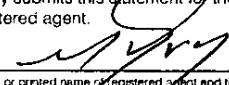
City & State <b>Miami Lakes, FL</b>	City & State <b>Miami Lakes, FL</b>
Zip <b>33016</b>	Zip <b>33016</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-2274518</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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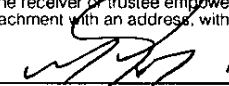
6. Name and Address of Current Registered Agent <b>GRAY, MAURICE 3910 SW 58 STREET DANIA BEACH, FL 33312</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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.	DATE <b>07-21-2008</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>07-21-2008</b> Daytime Phone <b>305 445-3344</b>

# ATTACHMENT

#G24215

66015563

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Maurice Gray Assoc, INC.
2. The principal office address: 14345 Commerce Way  
Miami Lakes, FL 33016
3. The mailing address (if different): same as above

4. Date of incorporation/qualification: Feb, 1983 Document number: G24215

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Maurice Gray Assoc, INC.  
3692 SW 24 Street  
Miami, FL 33145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Maurice Gray Assoc, INC.  
14345 Commerce Way  
(P.O. Box NOT acceptable)  
Miami Lakes, FL 33016

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

MAURICE E. GRAY, PRESIDENT.  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

7-21-2008  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)