## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G43047

Entity Name: GROZA'S, INC.

FILED Apr 29, 2005 Secretary of State

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Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	PORT ST. LUC NT LUCIE, FL		US		PORT ST. LUC NT LUCIE, FL			
Current Mailing Address:				New Mailing Address:				
	PORT ST. LUC NT LUCIE, FL		US		PORT ST. LUC NT LUCIE, FL			
FEI Number	: 59-2453096	FEI Num	nber Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desir	ed()	
Name and	Address of C	urrent R	egistered Agent:	Name and	Address of I	New Registered Agent:		
	OHN A. OSPREY CO' NT LUCIE, FL		US					
	named entity s e of Florida.	submits th	nis statement for the pu	irpose of changing i	ts registered o	office or registered agent	, or both,	
SIGNATUI	RE:							
	Electror	nic Signati	ure of Registered Ager	nt		Date		
Election Car	npaign Financin	g Trust Fur	nd Contribution (X).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	D ( ) GROZA, ROSE 1305 SW BENT PT ST LUCIE, F	PINE		Title: Name: Address: City-St-Zip:	D (X GROZA, ROSE 1275B BENTLI PT ST LUCIE,	EY CIRCLE		
Title: Name: Address: City-St-Zip:	DP ( ) GROZA, JOHN 1417 SW OSPI PT ST LUCIE, F	REY COVE		Title: Name: Address: City-St-Zip:	(	) Change()Addition		
Title: Name: Address: City-St-Zip:	V () GROZA, BRET 1305 SW BENT PT ST LUCIE, F	PINE		Title: Name: Address: City-St-Zip:	V (X GROZA, BRET 1275B BENTLI PT ST LUCIE,	EY CIRCLE		
Title: Name: Address: City-St-Zip:	S () ANSARA, ROSI 1305 SW BENT PORT ST LUCI	PINE	6	Title: Name: Address: City-St-Zip:	S (X ANSARA, ROS 1275B BENTLI PORT ST LUC	EY CIRCLE		
Title: Name: Address: City-St-Zip:	S () GROZA, PATRI 1417 SW OSPI PT ST LUCIE, F	REY COVE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A GROZA S 04/29/2005