


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K73619 1. Entity Name GRAJAMPITH'S, INC.	
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Principal Place of Business
**4093 N 28TH WAY
HOLLYWOOD, FL 33020**

Mailing Address
**4093 N 28TH WAY
HOLLYWOOD, FL 33020**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0107067	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SALAMONE, GIACOMO
3640 YATCH CLUB DRIVE #407
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SALAMONE, GIACOMO
STREET ADDRESS	4093 N 28TH WAY
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	VP
NAME	SALAMONE, ROBERTO
STREET ADDRESS	4093 N 28TH WAY
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	VP
NAME	SALAMONE, ALESSANDRO
STREET ADDRESS	4093 N 28TH WAY
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	ST
NAME	GRAZIA, REITANO
STREET ADDRESS	4093 N 28TH WAY
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/05-80067-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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

04/23/05 9549237919
Date Daytime Phone #