2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K88300

1. Entity Name
GRIFFON INTERNATIONAL INC.

Principal Place of Business	Mailing Address
8521 SW 133 PL	8521 SW 133 PL
MIAMI, FL 33183 US	MIAMI, FL 33183 US

DO NOT WRITE IN THIS SPACE

03192006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2946808	Not Applicable

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

6. Name and Address of Current Registered Agent

LAZO, LUCIA
8521 SW 133RD PLACE
MIAMI, FL 33183

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 _____

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

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	U00000544612 05/11/06-80043-004 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	LAZO, LUCIA L.
STREET ADDRESS	8521 SW 133 PL
CITY-ST-ZIP	MIAMI, FL 33183

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   4/22/06   (305) 380 868(
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #