2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 28, 2008 08:00 AN Secretary of State **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 CR2E034 (11/05) 01152008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2946808 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent LAZO, LUCIA DO NOT WRITE 8521 SW 133RD PLACE MIAMI, FL 33183 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVTS** TITLE LAZO, LUCIA L. NAME U00000924990 STREET ADDRESS 8521 SW 133 PL 05/20/08-80008-011 150.00 CITY-ST-ZIP MIAMI, FL 33183 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP