

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90085 023 ***150.00

DOCUMENT # L10550 1. Entity Name THE GHRS GROUP, INC.			
Principal Place of Business 13900 NW 82ND AVENUE 11101 N 46 ST. MIAMI, FL 33016 Tampa, FL 33617		Mailing Address 13900 NW 82ND AVENUE 11101 N 46 ST MIAMI, FL 33016 Tampa, FL 33617	
2. Principal Place of Business 11791 CLEVELAND AVE.		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FT. MYERS, FL		City & State 	
Zip 33907		Country USA	
4. FEI Number 65-0152728		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, GLENDA 13900 NW 82ND AVE HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME SIMON, GLENDA	<input type="checkbox"/> Delete	
STREET ADDRESS 13900 NW 82ND AVE 11101 N 46 ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP HIALEAH, FL 33016 Tampa, FL 33617	 		
TITLE STD	NAME SIMON, CAROL	<input type="checkbox"/> Delete	
STREET ADDRESS 13900 NW 82ND AVE 11101 N 46 ST.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33016 Tampa, FL 33617	 		
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	 		
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	 		
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	 		
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 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: <i>Carol Simon</i> Card Simon		Date 3/1/05 Daytime Phone # 813 985 8870	