


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M17465 1. Entity Name GRAINS TECHNOLOGY MANAGEMENT, INC.	
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Principal Place of Business 1300 JACKSON ST. HOLLYWOOD, FL 33019	Mailing Address 1300 JACKSON ST. HOLLYWOOD, FL 33019
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2552071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ELIA V.
1300 JACKSON ST.
HOLLYWOOD, FL 33019

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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, 2004 Fee will be \$350.00

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

U00000040702
 02/09/04-80058-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RODRIGUEZ, PEDRO 1300 JACKSON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RODRIGUEZ, ELIA VICTORIA 1300 JACKSON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ELIA ISABEL 1300 JACKSON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, PEDRO LUIS 9023 W. 104TH STREET OVERLAD PARK, KS 68310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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:  **1-26-04** **305757 5025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #