


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # M17485

1. Entity Name
GRAINS TECHNOLOGY MANAGEMENT, INC.



Principal Place of Business
**1300 JACKSON ST.
 HOLLYWOOD, FL 33019**

Mailing Address
**1300 JACKSON ST.
 HOLLYWOOD, FL 33019**

DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/06)

4. FEI Number
59-2552071

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$350.00**

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

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	

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 01/09/07-80006-006 150.00

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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 807, 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: *Elia Rodriguez* **1/05/07** **305-757-5025**
SIGNATURE AND TYPED OR PRINTED NAME OF SHARED OFFICER OR DIRECTOR Date Daytime Phone #