

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002242

FILED
Apr 01, 2004
Secretary of State**Entity Name:** GRUPPMAN INTERNATIONAL VIOLIN INSTITUTE, INC.**Current Principal Place of Business:**3500 GALT OCEAN DR, STE 409
FT LAUDERDALE, FL 33308**New Principal Place of Business:****Current Mailing Address:**PO BOX 480153
FT LAUDERDALE, FL 33308**New Mailing Address:****FEI Number:** 81-0593669**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRUPPMAN, VESNA
3500 GALT OCEAN DRIVE
SUITE 409
FT LAUDERDALE, FL 33208 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRUPPMAN, IGOR
Address: 3500 GALT OCEAN DR, STE 409
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VD () Delete
Name: GRUPPMAN, VESNA
Address: 3500 GALT OCEAN DR, STE 409
City-St-Zip: FT LAUDERDALE, FL 33308

Title: STD () Delete
Name: HAYWARD, BRENDA
Address: 1437 FRENCH CT
City-St-Zip: OCEANSIDE, CA 92054

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM () Change (X) Addition
Name: JACKSON, MICHAEL
Address: 1551 OAK LANE
City-St-Zip: PROVO, UT 84604

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGOR GRUPPMAN

PD

04/01/2004

Electronic Signature of Signing Officer or Director

Date