

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005332

FILED
Apr 28, 2009
Secretary of State

Entity Name: GRIND FOR LIFE, INC.

Current Principal Place of Business:

2023 N. ATLANTIC AVE #236
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

2023 N. ATLANTIC AVE #236
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 81-0654128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: P () Delete
Name: ROGERS, MICHAEL
Address: 2023 N. ATLANTIC AVE #236
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: CONWAY, CHRIS MR
Address: 2177 VALLEYDALE LANE
City-St-Zip: ENCINITAS, CA 92024

Title: D () Delete
Name: GILICK, LLOYD MR
Address: 3731 NW 8TH AVE
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: LILLO, CHARLES MR
Address: 12640 SW 7TH PLACE
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: SORGENTE, TAMI MRS
Address: 5719 LA GORCE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

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

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

Title: D () Change (X) Addition
Name: WISNIEWSKI, PAUL
Address: 6717 CORINTIA ST.
City-St-Zip: CARLSBAD, CA 92009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL ROGERS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date