

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006609**

1. Entity Name  
**GRUBSTAKE RESOURCES FOR RECOVERY, INC.**



Principal Place of Business

**2401 N MIAMI AVE  
MIAMI, FL 33127**

Mailing Address

**2401 N MIAMI AVE  
MIAMI, FL 33127**

**DO NOT WRITE IN THIS SPACE**



03172005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0954413**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KLINKER, HEATHER  
820 THRID STREET  
MIAMI BEACH, FL 33139**

**DO NOT WRITE  
IN THIS SPACE**

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 **HEATHER KLINKER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/7/2005**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KLINDER, HEATHER A
STREET ADDRESS	3509 N.E. SECOND AVE.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	SIMONE, ANA DR
STREET ADDRESS	7600 RED ROAD
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	DS
NAME	DUNN, LIZ
STREET ADDRESS	317 24TH STREET
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DT
NAME	MARSHALL, KELLY
STREET ADDRESS	820 THIRD STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000303124  
04/13/05-80098-021 61.25

**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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Heather Klinker**

**4/7/2005** (505)  
**573-2976**