

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006609

FILED  
Jul 22, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2401 N MIAMI AVE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

2401 N MIAMI AVE  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 65-0954413      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KLINKER, HEATHER  
820 THRID STREET  
MIAMI BEACH, FL 33139      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: DP      ( ) Delete  
Name: KLINDER, HEATHER A  
Address: 3509 N.E. SECOND AVE.  
City-St-Zip: MIAMI, FL 33137

Title: D      ( ) Delete  
Name: SIMONE, ANA DR  
Address: 7600 RED ROAD  
City-St-Zip: MIAMI, FL 33136

Title: DS      ( ) Delete  
Name: DUNN, LIZ  
Address: 317 24TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: DT      ( ) Delete  
Name: MARSHALL, KELLY  
Address: 820 THIRD STREET  
City-St-Zip: MIAMI BEACH, FL 33139

**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:

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: HEATHER A. KLINKER

PRES

07/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date