

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006609

**FILED**  
**May 01, 2011**  
**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 ( )**

**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  
**Name:** KLINKER, HEATHER A  
**Address:** 2401 NORTH MIAMI AVE  
**City-St-Zip:** MIAMI, FL 33127

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** HEATHER KLINKER

PRES

05/01/2011

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

\_\_\_\_\_  
Date