


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000012405
1. Entity Name
GROSS FINANCIAL SERVICES, INC.



Principal Place of Business
3210 S. OCEAN BLVD., STE. 804
HIGHLAND BEACH, FL 33487 US

Mailing Address
3210 S. OCEAN BLVD., STE. 804
HIGHLAND BEACH, FL 33487 US



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0983831	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSS, WILLIAM
3210 S. OCEAN BLVD., STE. 804
HIGHLAND BEACH, FL 33487

**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 _____ (NOTE: Registered Agent signature required when reinstating)

000000579986
01/10/07-20029-008 158.75
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

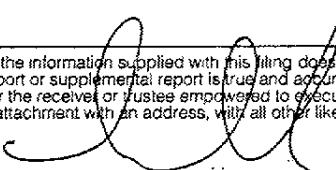
9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GROSS, WILLIAM 3210 SOUTH OCEAN BLVD., #804 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GROSS, KAREN 3210 SOUTH OCEAN BLVD., #804 HIGHLAND BEACH, FL 33487
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:  1/4/07 561-945-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #