

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000017616					
1. Entity Name GREFF INTERNATIONAL, INC.					
Principal Place of Business 13050 N.W. 30TH AVENUE MIAMI FL 33054			Mailing Address 13050 N.W. 30TH AVENUE MIAMI FL 33054		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0986823	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GAVIRIA, JORGE 9769 S. DIXIE HWY., NO.101 MIAMI FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MENDEZ, FERNANDO JR		NAME		
STREET ADDRESS	13050 N.W. 30TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33054		CITY- ST- ZIP	03/30/06-80010-023 150.00	
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MENDEZ, MARGARITA		NAME		
STREET ADDRESS	13050 N.W. 30TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33054		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Margarita Mendez **MARGARITA MENDEZ** 3-02-06 (305) 681-0761

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #