2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000079281

1. Entity Name
NEW GREYNOLDS, INC.

Principal Place of Business	Mailing Address
1849 SO. OCEAN DR. #214 HALLANDALE, FL 33009	1849 SO. OCEAN DR. #214 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1041044
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZOLINI, AMADEO A
481 IVES DAIRY RD. # 401 D
MIAMI, FL 33179

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 _____ 01/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CUTRINI, DANIEL
STREET ADDRESS	1410 SO OCEAN APT 1201
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	S
NAME	BASAVILBASO, SUSANA
STREET ADDRESS	20335 W COUNTRY CLUB DR #1508
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	P
NAME	MAZZOLINI, AMADEO ANDRES
STREET ADDRESS	1849 SO. OCEAN DR. #214
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000186834
01/21/05-80074-007 150.00

U00000186834
01/21/05-80074-008 8.75

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 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: _____ 01/11/2005 (305) 937 4995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #