

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000079281 1. Entity Name NEW GREYNOLDS, INC.	
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Principal Place of Business 1849 SO. OCEAN DR. #214 HALLANDALE, FL 33009	Mailing Address 1849 SO. OCEAN DR. #214 HALLANDALE, FL 33009
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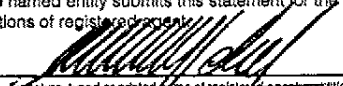
01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

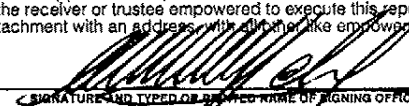
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUTRINI, DANIEL 1410 SO OCEAN APT 1201 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASAVILBASO, SUSANA 20335 W COUNTRY CLUB DR #1508 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZZOLINI, AMADEO ANDRES 1849 SO. OCEAN DR. #214 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

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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)(f), 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 which I am empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 01/11/2005 (305) 937 4995 Daytime Phone #