

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90352 011 ***150.00

DOCUMENT # P00000093937					
1. Entity Name GRISELIT ENTERPRISES, INC.					
Principal Place of Business 18526 NW 67TH AVE MIAMI, FL 33015			Mailing Address 18526 NW 67TH AVE MIAMI, FL 33015		
2. Principal Place of Business 10253 SW 49TH MANOR		3. Mailing Address 10253 SW 49TH MANOR			
Suite, Apt. #, etc. Cooper City FL		Suite, Apt. #, etc. Cooper City FL			
City & State		City & State			
Zip 33328		Country USA		Zip 33328	
Country USA		4. FEI Number 65-1045553			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDO, ENRIQUE R 18526 NW 67TH AVE MIAMI, FL 33015			7. Name and Address of New Registered Agent Name: <u>FLORIDO, ENRIQUE R</u> Street Address (P.O. Box Number is Not Acceptable) <u>10253 SW 49TH MANOR</u> City: <u>Cooper City</u> FL Zip Code: <u>33328</u>		
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: <u>X E. Florido</u> <u>ENRIQUE R. FLORIDO</u> <u>X 4-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FLORIDO, ENRIQUE R STREET ADDRESS 18526 NW 67TH AVE CITY-ST-ZIP MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE P NAME FLORIDO, ENRIQUE R STREET ADDRESS 10253 SW 49TH MANOR CITY-ST-ZIP Cooper City FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FLORIDO, GRISEL R STREET ADDRESS 18526 NW 67TH AVE CITY-ST-ZIP MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE VP NAME FLORIDO, GRISEL R STREET ADDRESS 10253 SW 49TH MANOR CITY-ST-ZIP Cooper City FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>X E. Florido</u> <u>ENRIQUE R. FLORIDO</u> <u>X 4-26-06</u> <u>486-277-6367</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					