## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 08:00 AM Secretary of State

*					
DOCUMENT # P00000110  1. Entity Name GR INVESTMENTS, INC.					
Principal Place of Business	Mailing Address	•			
1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	1350 E. NEWPORT CENTER DR DEERFIELD BEACH, FL. 33442				

DO NOT WRITE IN THIS SPACE



## 01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1062129 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, KAY R KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING, STE. 102B PALM BEACH GARDENS, FL. 33410

## 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 Stonature, typed or profed name of registered agent and title if applicable (NOTF Registered Agent signature registed when reinstating) DATE						
Signature, typed or printed name of registered agont and little if applicable (NOTF Registerior) Agont signature rentiared when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign F Trust Fund Contributi</li> </ol>	~ —	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAMI. STREET ADDRESS CITY-ST-ZIP	VP KASSOF, LINDA 1350 E NEWPORT CENTER DR STE DEERFIELD BEACH, FL 33442	206				
THLE NAME STREET ADDRESS CHY-ST-ZIP	D REIBLING, GUENTHER 1350 EAST NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442	SUITE 206			U00000679671 04/03/07-80047-013 158.75	
DILE					U4/U3/U(-8UU4(-U13 158.75	
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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 receivor 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.						