

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90722 050 \*\*\*150.00

**DOCUMENT # P01000005390**

1. Entity Name  
**GRAJALES AND SONS CORPORATION**



Principal Place of Business  
**2202 JOG ROAD  
GREENACRES, FL 33415**

Mailing Address  
**2202 JOG ROAD  
GREENACRES, FL 33415**

**94080401**



2. Principal Place of Business

**1080 So. MILITARY TRAIL**

3. Mailing Address

**1080 So. MILITARY TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH, FL**

4. FEI Number

**65-1082483**

Applied For

Not Applicable

Zip

**33415**

Country

**FLORIDA**

Zip

**33415**

Country

**FLORIDA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAJALES, ALBERTO P  
3510 TAMARACK TRAIL  
WEST PALM BEACH, FL 33406**

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

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, 2004 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
GRAJALES, ALBERTO  
2202 JOG ROAD  
GREENACRES, FL 33415**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

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 registered 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:

**Alberto Grajales**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #