APR-28-2005(THU) 16:13 (FA

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90554 037 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000005390

1. Entity Name
GRAJALES AND SONS CORPORATION

14015264

Principal Place of Business	Mailing Address
1080 SO. MILITARY TRAIL WEST PALM BEACH, FL 33415 US	1080 SO. MILITARY TRAIL WEST PALM BEACH, FL 33415 US

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8970 ALEXANDRIA CIR	8970 ALEXANDRIA CIRC
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON, FLORIDA	City & State: WELLINGTON, FLORIDA
Zip: 33414 Country: PALM BEACH	Zip: 33414 Country: PALM BEACH

4. FEI Number 65-1082483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GRAJALES, ALBERTO P
3510 TAMARACK TRAIL
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent
Name: GRAJALES, ALBERTO P
Street Address (P.O. Box Number is Not Acceptable): 8970 ALEXANDRIA CIRC
WELLINGTON FL Zip Code 33414

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: X [signature] PRESIDENT X [signature] X 04-28-05
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		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	D GRAJALES, ALBERTO 8970 ALEXANDRIA CIRC WELLINGTON, FLORIDA 33414 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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: X [signature] ALBERTO GRAJALES X 04-28-05 X 561 6761640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #