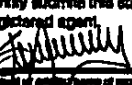


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90554 037 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000005390 1. Entry Name GRAJALES AND SONS CORPORATION			
Principal Place of Business 1080 SO. MILITARY TRAIL WEST PALM BEACH, FL 33415 US		Mailing Address 1080 SO. MILITARY TRAIL WEST PALM BEACH, FL 33415 US	
2. Principal Place of Business 8970 ALEXANDRIA CIR		3. Mailing Address 8970 ALEXANDRIA CIR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WELLINGTON, FLORIDA		City & State WELLINGTON, FLORIDA	
Zip 33414		Zip 33414	
Country PALESTINE		Country PALESTINE	
4. FEI Number 65-1082483		Applied For ☐ Not Applicable	
5. Certificate of Status Docketed ☐		\$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 GRAJALES, ALBERTO P 8970 ALEXANDRIA CIR WELLINGTON, FL 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:  PRESIDENT		DATE: 04-28-05	
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-STATE-ZIP	☐ Delete D GRAJALES, ALBERTO 2202 JOG ROAD GREENACRES, FL 33415	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition D GRAJALES, ALBERTO 8970 ALEXANDRIA CIR WELLINGTON, FLORIDA 33414
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(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 recorder 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:  ALBERTO GRAJALES		DATE: 04-28-05	

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04282005 Cng-P CP2E034 (10/03)