


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P01000079433	
1. Entity Name GRAYSTONE MORTGAGE BUSINESS SCHOOL, INC.	

Principal Place of Business 4 WEST LAS OLAS BLVD SUITE 600 FT LAUDERDALE, FL 33301 US	Mailing Address 4 WEST LAS OLAS BLVD SUITE 600 FT LAUDERDALE, FL 33301 US
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**DO NOT WRITE IN THIS SPACE**



08092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1127725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**5. Name and Address of Current Registered Agent**

GRANT, FRITZ  
4200 NW 16TH STE 608  
LAUDERHILL, FL 33313

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROBINSON, CYNTHIA B
STREET ADDRESS	419 SW 74TH AVE
CITY - ST - ZIP	N LAUDERDALE, FL 33068
TITLE	V
NAME	ROBINSON, CARL W JR
STREET ADDRESS	419 SW 74TH AVE
CITY - ST - ZIP	N LAUDERDALE, FL 33068
TITLE	V
NAME	JAHODA, BRIAN A
STREET ADDRESS	2243 GRANT STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000169953  
08/12/04-80005-015 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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:** *Cynthia B Robinson* President 8/9/04 954-525-2935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #