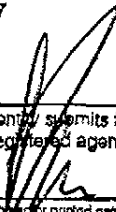
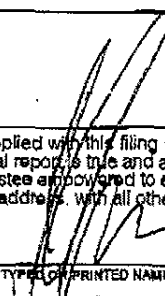


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P01000103384		
1. Entity Name GRASSMASTERS PROPERTY MANAGEMENT, INC.		
Principal Place of Business 8865 SW 171ST STREET MIAMI, FL 33157	Mailing Address 8865 SW 171ST STREET MIAMI, FL 33157	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent ZALESKI, JACEK 8865 SW 171ST STREET MIAMI, FL 33157		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, in ink, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZALESKI, JACEK 8865 SW 171ST STREET MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZALESKI, JAKUB 8865 SW 171ST STREET MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZALESKI, JAKUB 8865 SW 171ST STREET MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby 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 reports 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 007, 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: 		4-27-06 305-218-2900 Date Daytime Phone #
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04232006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1150660Applied For
Not Applied5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredU00000554328
05/15/06-80088-015 150.00**DO NOT WRITE
IN THIS SPACE**