





**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000000354</b>		
1. Entity Name GRC WIRELESS, INC.		
Principal Place of Business 11551 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025		Mailing Address 11551 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02012007 No Chg-P CR2E034 (11/05)
		4. FEI Number 26-0013665
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  LEFF, CAMILA 764 NW 100 TERRACE PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>
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  DATE <u>2-2-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFF, MARC 764 NW 100 TERRACE PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, HUGO 1761 SW 76 AVE PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/1/2007 954-744-3638 <small>Date Daytime Phone #</small>