

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90231 024 ***150.00

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DOCUMENT # P02000023841					
1. Entity Name GRECO-BRUNO HOMES, INC.					
Principal Place of Business P O BOX 490745 KEY BISCAYNE, FL 33149		Mailing Address P O BOX 490745 KEY BISCAYNE, FL 33149			
2. Principal Place of Business 151 CRANDON BLV Suite, Apt. #, etc. # 534 City & State KEY BISCAYNE FL Zip 33149 Country DADE		3. Mailing Address 151 CRANDON BLVD Suite, Apt. #, etc. # 534 City & State KEY BISCAYNE, FL Zip 33149 Country DADE		04242004 Chg-P CR2E034 (10/03)	
4. FEI Number 03-0405662		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CACERES, IRENE 151 CRANDON BLVD., APT. 534 KEY BISCAYNE, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or crossed name of registered agent and title if applicable. (NOTE: Registered Agents cannot be required when re-stating.) DATE</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CACERES, IRENE		NAME		
STREET ADDRESS	151 CRANDON BLVD., APT. 534		STREET ADDRESS		
CITY ST ZIP	KEY BISCAYNE, FL 33149		CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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 as changed, or on an attachment, with an address, with all other like empowered.					
SIGNATURE: <i>Irene Caceres</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		DATE			