

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91014 021 \*\*\*150.00

**DOCUMENT # P02000071138**

1. Entity Name

E. GR. MANAGEMENT SERVICES, INC.



Principal Place of Business

15447 SW 137TH AVE.  
MIAMI, FL 33177

Mailing Address

15447 SW 137TH AVE.  
MIAMI, FL 33177

**DO NOT WRITE IN THIS SPACE**



02272004

No Chg-P

CR2E034 (10/03)

4. FEI Number

02-0626395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUBIO, EDUARDO G  
15447 SW 137TH AVE.  
MIAMI, FL 33177

**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 reinstating)

DATE

4-21-04

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	ROHADA JAVELES
STREET ADDRESS	14161 SW 42 TERR
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	DM
NAME	MURPHY, EDWARD
STREET ADDRESS	9261 NW CT UNIT 110
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	DDG
NAME	Javier Rohada
STREET ADDRESS	15447 SW 137th Ave.
CITY-ST-ZIP	Miami FL 33177
TITLE	DDG
NAME	Eduardo Gonzalez
STREET ADDRESS	15447 SW 137th Ave
CITY-ST-ZIP	Miami FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-04

(305) 251-4407