## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 21, 2006 8:00 am Secretary of State

DOCUM  1. Entity Name GRADING	MENT # P020000795 PRO, INC.			03-21-2006 90049 049 ***150.00				
Principal Place of Business  1935 SW 4TH AVENUE FORT LAUDERDALE, FL 33315-  Mailing Address  1835 SW 4TH AVENUE FORT LAUDERDALE, FL			<del>33315 -</del>		50004276			
2. Principal Pla		3. Mailing Address	2107					
Suite Apt. #, etc.  REAR		Ps Bs 2 111 3 Suite, Apt. #, etc.		03082006	Chg-P	CR2E034 (11/05)		
City & State	SUD FZ	City & State		4. FEI Numb 76-070		No	oplied For ot Applicable	
33314	6. Name and Address of Current Re	33335 gistered Agent	Country US	<u>'                                    </u>	e of Status Desired	\$8.75 Add Fee Require Registered Agent		
ROSENDAHL, RICHARD -1835 SW 23RD COURT- FORT LAUDERDALE, FL 33312				dress (P.O. Box Number		TENDALK VE RE	Z BB	
8. The above named entity submits this statement of 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. Typed or printed name of registered agent and tale if applicable.  (NOTE: Registered Agent signature required when renstativity) of School of Florida.								
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.  Trust Fund Contribution.   Add							•	
10.	OFFICERS AND DI		11.	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTOR		
NAME F STREET ADDRESS 3	DPST ROSENDAHL, RICHARD 3660 SW 23RD COURT FORT LAUDERDALE, FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-SF-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		O. Flavido Clatutos	☐ Change	Addition	

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 justee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PROJEND