


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000089399
 1. Entity Name
 GRB, CORP.



Principal Place of Business Mailing Address
 17600 COLLINS AVENUE 17600 COLLINS AVENUE
 SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2375570	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
 MORENO, CLAUDIA
 17000 COLLINS AVE
 SUNNY ISLES BEACH, FL 33160

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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: *Claudia Moreno* 04/02/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

000000102397
 U4/U5/04-80014-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VILAR, OCNSUELO 17600 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BALDONI, GUILLERMO 17600 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KIERZ, EDIE 17600 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OLENDER, JULIO 17600 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHALIT, MARIO 17600 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BONACORSI, JUAN CARLOS 17600 COLLINS AVENUE SUNNY ISLES, FL 33160

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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 or without other like empowered.

SIGNATURE: *Claudia Moreno* 04/02/04 305-917-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #