

**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
17600 COLLINS AVENUE
SUNNY ISLES, FL 33160

Mailing Address
17600 COLLINS AVENUE
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 ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MORENO, CLAUDIA
17000 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

**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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/02/04
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

U000000102397
U4/U5/04-80014-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VILAR, OCNUELO
STREET ADDRESS 17600 COLLINS AVENUE
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE VPD
NAME BALDONI, GUILLERMO
STREET ADDRESS 17600 COLLINS AVENUE
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE VD
NAME KIERZ, EDIE
STREET ADDRESS 17600 COLLINS AVENUE
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE VD
NAME OLENDER, JULIO
STREET ADDRESS 17600 COLLINS AVENUE
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE SD
NAME SCHALIT, MARIO
STREET ADDRESS 17600 COLLINS AVENUE
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE SD
NAME BONACORSI, JUAN CARLOS
STREET ADDRESS 17600 COLLINS AVENUE
CITY-ST-ZIP SUNNY ISLES, FL 33160

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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, without other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/04 305-917-2600
Date Daytime Phone #