
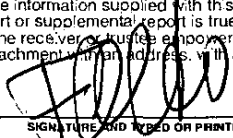


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90062 004 \*\*\*150.00

<b>DOCUMENT # P03000001928</b> 1. Entity Name <b>GRUNWALD CORPORATION</b>					
Principal Place of Business <b>205 N.E. 2 AVENUE SUITE UNIT SOUTH DANIA BEACH, FL 33004</b>			Mailing Address <b>205 N.E. 2 AVENUE SUITE UNIT SOUTH DANIA BEACH, FL 33004</b>		
2. Principal Place of Business <b>2190 E. 11th Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 460332</b> Suite, Apt. #, etc.			
City & State <b>Hialeah, FL</b> Zip <b>33013</b>		City & State <b>Ft. Lauderdale, FL</b> Zip <b>33346</b>		4. FEI Number <b>14-1871697</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BRAWN, FERNANDO 205 N.E. 2 AVENUE SUITE UNIT SOUTH DANIA BEACH, FL 33004</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BRAWN, JORGE</b> <b>205 N.E. 2 AVENUE SUITE UNIT SOUTH</b> <b>DANIA BEACH, FL 33004</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BRAWN, FERNANDO</b> <b>205 N.E. 2 AVENUE SUITE UNIT SOUTH</b> <b>DANIA BEACH, FL 33004</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>FERNANDO BRAWN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>01/27/2004 (305)836-1041</b> <small>Date Daytime Phone #</small>		