

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-30-2004 90062 004 ***150.00

DOCUMENT # P03000001928
 1. Entity Name
GRUNWALD CORPORATION



Principal Place of Business Mailing Address
 205 N.E. 2 AVENUE 205 N.E. 2 AVENUE
 SUITE UNIT SOUTH SUITE UNIT SOUTH
 DANIA BEACH, FL 33004 DANIA BEACH, FL 33004

2. Principal Place of Business 3. Mailing Address
2190 E. 11th Ave. **P.O. Box 460332**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hialeah, FL **Ft. Lauderdale, FL**
 Zip Country Zip Country
33013 **U.S.A.** **33346** **U.S.A.**



01272004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
14-1871697 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRAWN, FERNANDO
 205 N.E. 2 AVENUE
 SUITE UNIT SOUTH
 DANIA BEACH, FL 33004

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

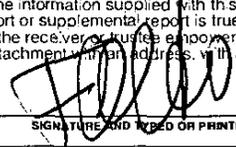
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAWN, JORGE 205 N.E. 2 AVENUE SUITE UNIT SOUTH DANIA BEACH, FL 33004 <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 BRAWN, FERNANDO 205 N.E. 2 AVENUE SUITE UNIT SOUTH DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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:  **FERNANDO BRAWN** 01/27/2004 (305) 836-1041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #