

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90470 006 ***150.00

DOCUMENT # P03000031147

1. Entity Name

GRANT CONSULTING INC.



Principal Place of Business

20351 N.W. 3 ST.
PEMBROKE PINES FL 33029

Mailing Address

20351 N.W. 3 ST.
PEMBROKE PINES FL 33029

2. Principal Place of Business

4138 CEDAR CREEK RANCH CIRCLE 4138 CEDAR CREEK RANCH

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH

4. FEI Number

51-0451851

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COEPPICUS, GABRIELA

20351 N.W. 3 ST.

PEMBROKE PINES FL 33029

4138 CEDAR CREEK RANCH CIRCLE
LAKE WORTH, FL. 33467

PLEASE ACCEPT MY APOLOGIES
FOR NOT GETTING THIS RENEWAL
OUT ON TIME. UNFORTUNATELY,
I WAS IN THE MIDDLE OF
MOVING, AND THE PAPERWORK
GOT MIXED IN WITH OTHER
DOCUMENTS IN THE MOVE.

8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COEPPICUS, GABRIELA
STREET ADDRESS 20351 N.W. 3 ST. MOVED 4/30/04
CITY-ST-ZIP PEMBROKE PINES FL 33029

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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 all other like empowered.

SIGNATURE

Gabriela Coepicus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

954-895-0121

Daytime Phone #