
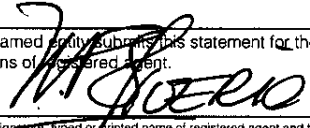
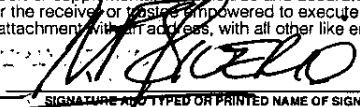


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90085 047 ***150.00

DOCUMENT # P03000031414 1. Entity Name GRANDE REAL ESTATE, INC.					
Principal Place of Business 4400 BAYOU AVENUE, SUTIE 16C PENSACOLA, FL 32503			Mailing Address 4400 BAYOU AVENUE, SUTIE 16C PENSACOLA, FL 32503		
2. Principal Place of Business 4901 GRANDE DR.			3. Mailing Address 4901 GRANDE DR.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State PENSACOLA, FL.			City & State PENSACOLA, FL		
Zip 32504			Zip 32504		
Country US			Country US		
4. FEI Number 56-2347476			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAMPBELL, JAMES S 501 COMMENDENCIA STREET PENSACOLA, FL 32501-5641			7. Name and Address of New Registered Agent Name MANUEL F. SIVERIO Street Address (P.O. Box Number is Not Acceptable) 4901 GRANDE DR. City PENSACOLA FL 32504		
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  M.F. SIVERIO 2/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete SIVERIO, MANUEL F 4400 BAYOU AVENUE, SUTIE 16C PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4901 GRANDE DR. PENSACOLA, FL 32504		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GEORGE, SANDI 4400 BAYOU AVENUE, SUTIE 16C PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4901 GRANDE DR. PENSACOLA, FL 32504		
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		
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		
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		
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.					
SIGNATURE:  M.F. SIVERIO 2/23/04 850.478.1312 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94029354



02232004 Chg-P CR2E034 (10/03)