


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90050 037 ***150.00

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|---|---|
| DOCUMENT # P03000055263 |  |
| 1. Entity Name GREYSTONE REAL ESTATE SERVICES, INC. | |

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| Principal Place of Business 8177 W. GLADES ROAD, SUITE 101 BOCA RATON FL 33434 4400 N. FEDERAL HWY STE 36 BOCA RATON FL 33431 | Mailing Address 8177 W. GLADES ROAD, SUITE 101 BOCA RATON FL 33434 4400 N. FEDERAL HWY. STE 36 BOCA RATON, FL 33431 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 4400 N. FEDERAL HWY. | 3. Mailing Address 4400 N. FEDERAL HWY. |
| Suite, Apt. #, etc. 36 | Suite, Apt. #, etc. 36 |

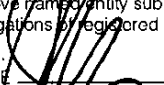
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|---------------------------------------|---------------------------------------|
| City & State BOCA RATON, FL | City & State BOCA RATON, FL |
| Zip 33431 | Zip 33431 |
| Country USA | Country U.S.A |



1st MOORE CR2E034 (10/06)

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|--|--|
| 4. FEI Number 42-1592327 | 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 MAZZUCCO, JOE 8177 W. GLADES ROAD, SUITE 101 BOCA RATON FL 33434 4400 N. FEDERAL HWY SUITE 36 BOCA RATON, FL 33431 | |
| 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 **4/3/07**

Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 | PTSD MAZZUCCO, JOE 8177 W. GLADES ROAD, SUITE 101 BOCA RATON FL 33434 <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 exemptions contained in Section 119, 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 executor 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:  **JOSEPH MAZZUCCO, President** **4/3/07** **561-702-3332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #