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Secretary of State
04-12-2004 90256 047 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000058321

1. Entity Name
FLORIDA GRIMA INVESTMENT, CORP.

44025754

Principal Place of Business	Mailing Address
~~3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021~~	~~3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021~~

01262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
18851 NE 29th AV	18851 NE 29th AV
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33180 Country	Zip 33180 Country USA

4. FEI Number 20-0959954 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ.
~~3440 HOLLYWOOD BLVD., SUITE 360~~
~~HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

Name LEONARDO A. ROTH
Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th AV STE 900
City AVENTURA FL Zip Code 33180

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 [signature] LEONARDO A. ROTH, ESQ 4-6-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PVST GRIMALDI, EDUARDO D ~~3440 HOLLYWOOD BLVD., SUITE 360~~ ~~HOLLYWOOD, FL 33021~~	☐ Delete	P,V,S,T,D GRIMALDI, EDUARDO 18851 NE 29th AV, STE 900 AVENTURA, FL 33180	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIMALDI, EDUARDO D ~~3440 HOLLYWOOD BLVD., SUITE 360~~ ~~HOLLYWOOD, FL 33021~~	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] EDUARDO GRIMALDI, P 4/6/04 786-279-0000.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.02