2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 23, 2007 08:00 Al Secretary of State DOCUMENT # P03000148598 1. Entity Name IGNACY GROCHOLSKI, INC. Principal Place of Business Mailing Address 6783 SW 104 ST 6783 SW 104 ST **MIAMI FL 33156** MIAMI FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-0484776 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROCHOLSKI, IGNACY Street Address (P.O. Box Number is Not Acceptable) 6783 SW 104 ST **MIAMI FL 33156** City 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE TITI F ☐ Delete ☐ Addition GROCHOLSKI, IGNACY NAME NAME 6783 SW 104 ST STREET ADDRESS STREET ADORESS MIAMI FL 33156 CITY-ST-ZIP CITY - S1 - ZIP 150.00TITLE ☐ Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP IIILE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP mu Delete TITLE Change ☐ Add≀tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change HILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS City-SI-ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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.

IGNACY GROCHOLGKI

SIGNATURE: