

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90003 042 \*\*\*150.00

**DOCUMENT # P04000146926**

1. Entity Name  
**GRG STRUCTURES GROUP, INC**



Principal Place of Business      Mailing Address

**7130 S ORANGE BLOSSOM TRAIL**      **7130 S ORANGE BLOSSOM TRAIL**  
**124**      **124**  
**ORLANDO, FL 32809**      **ORLANDO, FL 32809**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1046 Citrus Street**      **1046 Citrus Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Orlando, FL**      **Orlando, FL**

Zip      Country      Zip      Country

**32805**      **U.S.A.**      **32805**      **U.S.A.**



02132008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-1784637**       Not Applicable

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

**L.L. PROFESSIONAL SERVICES, INC.**      **L.L. Professional Services, Inc.**  
**7661 CURRENCY DRIVE**      Street Address (P.O. Box Number is Not Acceptable)  
**ORLANDO, FL 32809**      **6900 S. Orange Blossom Tr. Ste 400**  
 City      State      Zip Code  
**Orlando**      **FL**      **32809**

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 **Aixa Lopez**      *[Signature]*      **02/13/2008**  
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, 2008 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	<b>P</b> <b>GUZMAN, JOSE A</b> <b>11625 KENLEY CR</b> <b>ORLANDO, FL 32824</b> <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	<b>VP</b> <b>RODRIGUEZ, CARLOS E</b> <b>9342 EDENSHIRE CR</b> <b>ORLANDO, FL 32836</b> <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	<b>T</b> <b>RODRIGUEZ, CARLOS E</b> <b>9342 EDENSHIRE CR</b> <b>ORLANDO, FL 32836</b> <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	<b>S</b> <b>GAVIRIA, GERMAN A</b> <b>6636 DOUBLETRACE LANE</b> <b>ORLANDO, FL 32819</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>German Gaviria</b> <b>5474 Gemgold CT</b> <b>Windermere, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>34786</b>
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 exemptions contained in Chapter 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 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]* **- Jose A. Guzman - President**      **02/13/08**      **(407) 858-5444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #