

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000157578					
1. Entity Name GRIFFIN ROAD ENTERPRISES OF FLORIDA INC.					
Principal Place of Business 6542 W. ATLANTIC BLVD. MARGATE, FL 33063			Mailing Address 6542 W. ATLANTIC BLVD. MARGATE, FL 33063		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1899908	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARTRA, RACSO 6542 W. ATLANTIC BLVD. MARGATE, FL 33063			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P	NAME BARTRA, GUSTAVO		<input type="checkbox"/> Delete		
STREET ADDRESS 6542 W. ATLANTIC BLVD.	CITY-ST-ZIP MARGATE, FL 33063		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME BARTRA, RACSO		<input type="checkbox"/> Delete		
STREET ADDRESS 6542 W. ATLANTIC BLVD.	CITY-ST-ZIP MARGATE, FL 33063		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME SANDERS, CLAUDIA		<input type="checkbox"/> Delete		
STREET ADDRESS 6542 W. ATLANTIC BLVD.	CITY-ST-ZIP MARGATE, FL 33063		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME BARTRO, GUSTAVO JR		<input type="checkbox"/> Delete		
STREET ADDRESS 6542 W ATLANTIC BLVD	CITY-ST-ZIP POMPANO BEACH, FL 33063		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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:			Racso Bartra		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		(954) 968-7988