
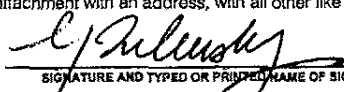


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 -08:00 AM
Secretary of State**

DOCUMENT # P05000027407		
1. Entity Name GRZ CONSULTING, INC.		
Principal Place of Business 2402 NW 6TH STREET BOYNTON BEACH, FL 33426	Mailing Address PO BOX 8415 DELRAY BEACH, FL 33484	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ZILINSKY, GABRIELA 2402 NW 6TH STREET BOYNTON BEACH, FL 33426		DO NOT WRITE IN THIS SPACE
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 reinstating) 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		02/01/07-86616-001 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ZILINSKY, GABRIELA 2402 NW 6TH STREET BOYNTON BEACH, FL 33426	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		1/29/07 561 302 8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #