


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000037627 1. Entity Name GRL INVESTMENTS HOLDING, CORP.	
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Principal Place of Business 351 NW LEJEUNE RD SUITE 103 MIAMI, FL 33126	Mailing Address 351 NW LEJEUNE RD SUITE 103 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3798402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, GUSTAVO G
 351 NW LEJEUNE RD SUITE 103
 MIAMI, FL 33126

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR LEON, GUSTAVO G 351 NW LEJEUNE RD SUITE 103 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR RABASSA, CARLA 351 NW LEJEUNE RD SUITE 103 MIAMI, FL 33126
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 02/21/08-80096-010 150.00

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]* 2-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #