


FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # PO5000119150	
1. Entity Name C Great Investments, Inc.	

FILED
11 MAY 27 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 345 N. Shore Dr.	3. Mailing Address 345 N. Shore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami Beach FL	City & State Miami Beach FL
Zip 33141	Country USA

CR2E034B (1/11)

DO NOT WRITE IN THIS SPACE	4. FE Number 20-3820058	Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent	
	Name Chris Grathoe	
Street Address (P.O. Box Number is Not Acceptable) 345 N. Shore Dr.		
City Miami Beach		FL 33141

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 **5/12/11**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Chris Grathoe 345 N. Shore Dr. Miami Beach FL 33141
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:  **Chris Grathoe President** DATE **5/12/11** Daytime Phone # **305-322-5010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR